COUNTY BOROUGH OF ST. HELENS

Annual Report

OF THE

Medical Officer of Health,

FOR THE YEAR 1933.

FRANK HAUXWELL, M.B., Ch.B., D.P.H.
Medical Officer of Health,
and School Medical Officer.

St. Helens:
WOOD, WESTWORTH & CO., LIMITED, PRINTERS AND STATIONERS,
HARDSHAW STREET.

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Hardshaw Street.

1934.

Health Committee.

Chairman :
Alderman T. Hamblett, J.P.

Deputy-Chairman :
Councillor Evelyn Pilkington, C.B.E., J.P.

The Right Worshipful the Mayor,
(Councillor James Thackray, J.P.)

Alderman F. McCormack.
" H. H. Peet, J.P.
Councillor N. Birch, J.P.
" W. Burrows, J.P.
" A. Dodd.
" R. Ellison, J.P.
" Ellen McCormack.
" M. McFarlane, J.P.
" R. Rennie.
" T. Woods.

Maternity and Child Welfare Committee

Chairman :
Alderman T. Hamblett, J.P.

Deputy Chairman :
Councillor Evelyn Pilkington, C.B.E., J.P.

The Health Committee
together with the following co-opted members :
Mrs. H. B. Bates, and
Mrs. B. McGhie.

INDEX.

TO THE MAYOR, ALDERMEN AND COUNCILLORS OF THE COUNTY BOROUGH OF ST. HELENS.

Mr. Mayor, Ladies and Gentlemen,

I have the honour to submit the 61st Annual Report on the health of St. Helens for the year ended the 31st December, 1933.

The year 1933 was not a healthy year in St. Helens. Severe epidemics of influenza, whooping cough, and measles, together with increased prevalence of diphtheria and the somewhat unusual outbreaks of enteric fever and cerebro spinal meningitis (regarding all of which detailed report is made in the Infectious Diseases Section), are all reflected in increases in mortality rates. The death rate for 1933 of 14.0 per 1,000 of the population is, with the exception of the year 1929, the highest since 1919, and the infant mortality is the highest since 1919, though very nearly approached in the years 1922 and 1929. What effect poverty due to industrial depression has had on the incidence of epidemics and on the mortality rates it is difficult to say. Although the presence of epidemics such as occurred in St. Helens during 1933 is not necessarily dependant on a lowering of general health, observations of cases admitted to hospitals or attending the various clinics suggest there has been some slight falling off. The position will, therefore, have to be watched carefully.

Two of the most important occurrences during the year affecting the health services were the passing of the St. Helens Corporation Act, 1933 and the commencement of work on Slum Clearance Schemes. The new Act contains many new sanitary clauses which strengthen considerably the Corporation's powers in relation to health matters. The commencement of work on Slum Clearance Schemes marks the commencement of a programme (printed as an Appendix) by means of which it is hoped to do away with all slums in St. Helens by 1938.

For details regarding the various activities of the health department I would refer to the several sections of the Report, but special attention might be drawn to the following :—

1.—The need of new clinic and office premises. This is one of the most urgent needs of the health services. The premises at present are such that they not only interfere with effective administration, but clinical and educational work is seriously handicapped through overcrowding and lack of suitable accommodation. I would again suggest the building of an entirely new health department with accommodation for all clinics on the ground floor and administrative offices above. Such a building could then become a well organised health centre for the town.

2.—The need for a care and after-care committee to help the tuberculous patient—page 47.

3.—The desirability of extending the orthopaedic scheme to cover cases of bone and joint tuberculosis after the age of 16 years —page 48.

4.—The desirability of improvements and alterations at the Public Abattoir—page 97.

5.—The desirability of improvement in the sewerage system —page 119.

6.—The need for special toddlers' clinics—page 75.

I take this opportunity of thanking members of the Council for the kindness and consideration shown to me in the conduct of my work, and I have to record my hearty appreciation of the loyal and willing co-operation of all members of my Staff.

I have the honour to be,

Your obedient Servant,

FRANK HAUXWELL.

August, 1934.

GENERAL STATISTICS.

Area (Acres)	7,284
Population (Census, 1931)	106,789
Estimated Population mid-year 1933	107,600
* Number of structurally separate dwellings occupied and vacant	21,565
* Number of families or separate occupiers	22,960
Number of inhabited houses (end of 1933) according to Rate Books	23,074
Rateable Value	£414,414
Product of a penny rate	£1,597

* From Census, 1931.

The Net Cost on the Rates of the various Health Services in St. Helens during the year ended the 31st March, 1934, as compared with the previous year is given below.

	Pence per £	
	1932-33.	1933-34
Isolation Hospital	3.718	3.876
Tuberculosis	6.926	6.986
Maternity and Child Welfare	8.722	8.872
Venereal Diseases	.435	.408
Blind Persons	2.952	3.015
Food and Drugs Acts	.218	.228
Slaughterhouse and Cold Stores	.269	.237
Contagious Diseases of Animals	.047	.029
General Sanitary and Administrative Charges	5.950	6.451
Sewage Disposal	3.122	3.434
*Collection and Disposal of Refuse	15.958	16.109
Public Conveniences	.487	.519
Total Net Cost of Health Services	48.804	50.164

*This service is under the control of the Cleansing and Transport Committee

STAFF.

Medical Officer of Health, Administrative Tuberculosis Officer, Medical Superintendent of Corporation Hospitals, and School Medical Officer :

Frank Hauxwell, M.B., Ch.B. (Glasgow), D.P.H. (Camb.)

Deputy Medical Officer of Health :

S. F. Allison, M.B., Ch.B. (Edinburgh), D.P.H. (Camb.).

Assistant Medical Officers of Health :

J. S. G. Burnett, M.B., Ch.B., D.P.H. (Glasgow).
G. O'Brien, M.B., Ch.B., D.P.H. (St. Andrews).
Enid M. Hughes, M.B., Ch.B. (Liverpool).

Dental Surgeons :

A. G. Batten, L.D.S.
L. A. Jones, L.D.S.
Annie M. Kean, L.D.S.

Sanitary Inspectors, etc. :

Ernest Sefton, (1), (5), (10), (11), Chief Sanitary Inspector.
L. Butterworth, (1), (5), Deputy Chief Sanitary Inspector (resigned 27/5/1933).
F. Potter, (5), (12), Deputy Chief Sanitary Inspector (from 10/7/1933).
H. Brown, (1), (4), (5), (6) ..... Sanitary Inspector.
H. Lowe, (4), (6) ..... do.
H. A. Perry, (4), (5), (12) ..... do.
W. Johnson, (12) ..... do. (resigned 19/8/1933).
W. A. Young, (4), (5), (12) ..... do. (from 1/9/1933).
H. F. Rickett ..... Assistant Sanitary Inspector.
T. Blashill, (1), (5) ..... Superintendent of Public Abattoir.

Matrons of Corporation Hospitals :

Edith Carder, Borough Isolation Hospital and Eccleston Hall Sanatorium.

Eva May Peters, St. Helens Maternity and Child Welfare Hospital.

Health Visitors and School Nurses :

Ethel Denman,	(1), (2), (3), (7)	Mary Corrish,	(3), (7)
Mary Riding,	(3), (7)	Alice Happold,	(3), (7)
Winifred Cowan,	(2), (3), (7)	*Mary Elliott,	(3), (7)
Amy Coates,	(2), (3), (7)	Edith Curran,	(3), (7)
Emily Corrish,	(2), (3), (7)	Ellen R. McDonald,	(2), (3), (7)
Daisy C. Cruickshank,	(3), (7)	Agnes MacDonald,	(2), (3), (7)
Nora Hogan,	(3), (7)	Doris Parkinson,	(2), (3), (7)

Orthopaedic Nurse :

Constance Anthony (9) (resigned 15/3/1933).
Isabelle Marvin Corke (9) (from 23/5/1933).

Tuberculosis Nurse :

Grace Sumner (7)

Clerk Dispenser and Venereal Diseases Attendant :

Jas. McP. Hutton.

Venereal Diseases Nurse :

Florence Wilkinson (7)

(1) Sanitary Inspector's Certificate of the Royal Sanitary Institute.
(2) Health Visitor's Certificate of the Royal Sanitary Institute.
(3) Certificate of the Central Midwives Board.
(4) Sanitary Inspector's Certificate of the Liverpool University.
(5) Certificate for Meat Inspection of the Royal Sanitary Institute.
(6) Certificate for Meat Inspection of Liverpool University.
(7) A trained Nurse.
(8) Certificate for Sanitary Science of the Royal Sanitary Institute.
(9) Certificate of Chartered Society of Masseuses, etc.
(10) Diploma of the Institute of Sanitary Engineers.
(11) Diploma of the Building Surveyors' Association.
(12) Sanitary Inspector's Certificate of the Royal Sanitary Institute and Sanitary Inspectors' Examination Joint Board.
(13) Smoke Inspector's Certificate of the Royal Sanitary Institute.

*Died October, 1933.

The following are part-time officers :—

District Medical Officers and Public Vaccinators :—H. B. Bates, L.S.A., L.M.S.S.A. ; J. S. Fox, M.B., C.M., M.R.C.S. ; P. J. O'Keeffe, L.R.C.P., L.R.C.S., L.R.F.P.S., I.M.

Vaccination Officer :—Alfred Griffin.

Physician to the X-ray Department, Tuberculosis Dispensary : J. Unsworth, M.B., B.S., (Lond.).

Orthopaedic Surgeon :—B. L. McFarland, M.D. (Liverp.), M.Ch. (Orth.), M.B., Ch.B., F.R.C.S. (Edin.).

Ophthalmic Surgeon :—E. Allan, M.B., Ch.B. (Edin.).

Obstetrician and Gynaecologist:—J. W. Burns, M.D. (Dublin), B.A., M.B., B.Ch., B.A.O., F.R.C.S. (Edin.)

Public Analyst :—Herbert J. Evans, B.Sc., F.I.C., F.C.S.

Veterinary Inspector :—T. J. Kenny, M.R.C.V.S.

1.—NATURAL AND SOCIAL CONDITIONS OF THE AREA.

PHYSICAL FEATURES AND GENERAL CHARACTER.—St. Helens is situated 10 miles east of Liverpool and 20 miles west of Manchester, and lies on the southern fringe of the Lancashire coal fields. The area of the borough is 7,284 acres of which approximately one-quarter only is occupied by factories and other industrial works. As a whole the borough is remarkable for the large number and extent of open spaces, and is well supplied with public parks and recreation grounds.

Geologically the soil consists of clay overlying coal measures, and owing to past mining activities some portions of the town are peculiarly susceptible to subsidence. This is particularly so in the Sutton and Derbyshire Hill districts.

SOCIAL CONDITIONS.—The chief industries of the town are coal mining and glass making.

The average number of persons unemployed in St. Helens and registered at the Labour Exchange during 1933 (as shown by the figures taken on Monday of each week) was 9,007 men, 555 women, and 470 juveniles (total 10,032). The largest number of unemployed was 11,875 in June. The total for 1933 shows a slight decrease from the previous year when the average total number of unemployed persons was 10,707.

The total amount of domiciliary relief granted in St. Helens by the Public Assistance Committee during the year ended 31st March, 1934, was £75,890/16/10d., of which sum £25,213/11/3d. was granted to unemployed men and their families.

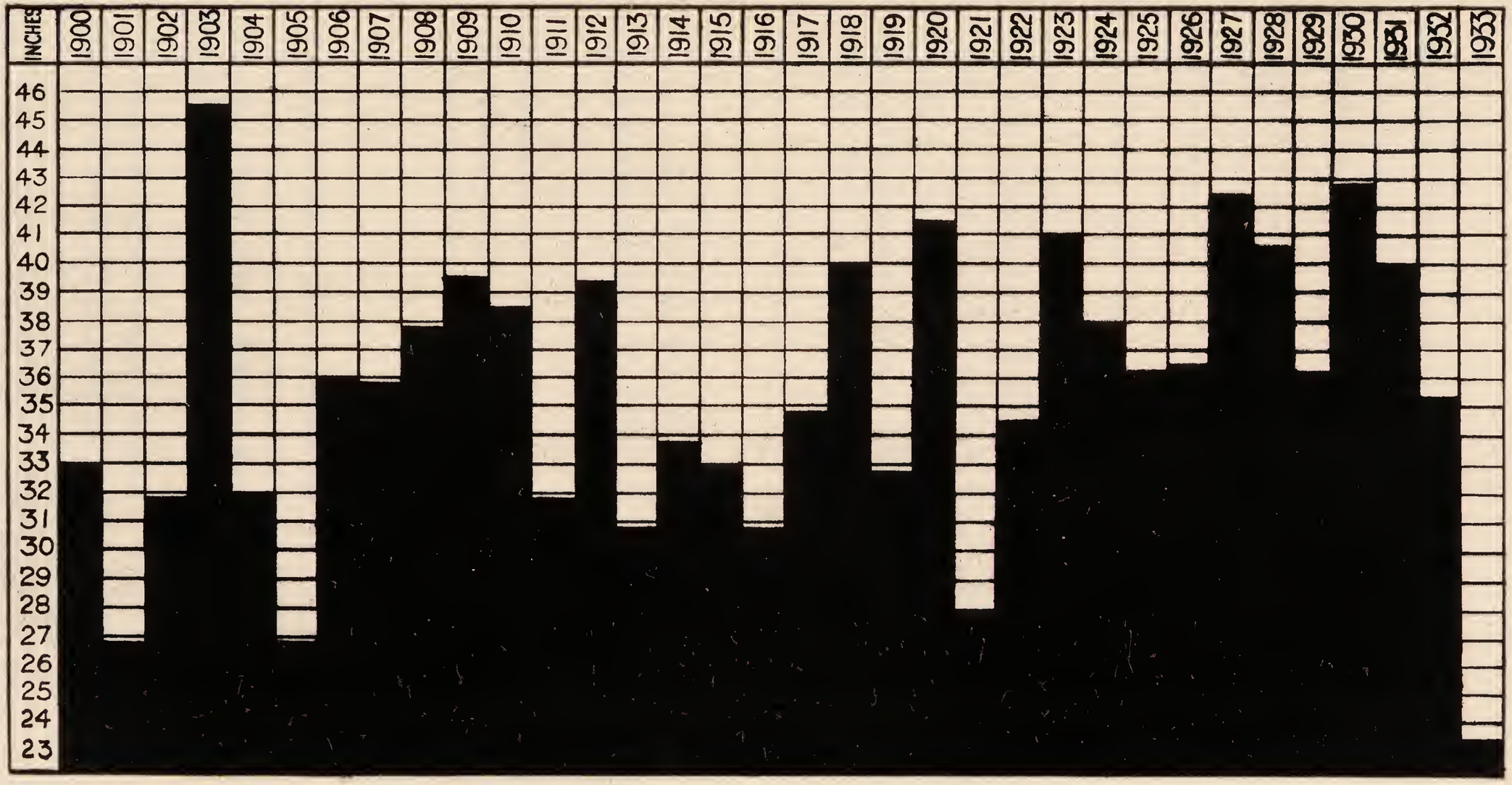
From St. Helens 375 men, 228 women and 133 children were admitted to the Poor Law Infirmary, and 167 men, 57 women and 27 children were admitted to the " House " during the year.

Under the National Health Insurance Act, the total number of insured persons in St. Helens on 1st October, 1933, was 44,033 comprising 34,153 men and 9,880 women, or approximately 41% of the total population.

METEOROLOGY.—The total rainfall for the year, as measured at the Victoria Park Observatory, was 23.58 inches, being the smallest amount recorded at that observatory in any year since it was opened in 1891. The amount of rainfall recorded at Eccleston Hill Waterworks during the year (22.2 inches) is also the lowest

Table I.

TOTAL RAINFALL IN INCHES IN ST.HELENS SINCE 1900.



recorded there since measurements were first taken in 1871, with the exception of the rainfall of 21.10 inches during the year 1887. The annual rainfall at Victoria Park since 1900 is shown in Table 1.

The highest temperature in the shade during the year was on the 28th July, when it reached 84.6°F, and the lowest was 21.0°F on the 7th December.

The prevailing wind during the year was N.W.

The special gauge maintained in the centre of the town for the collection and measurement of the amount of atmospheric pollution showed the total solids deposited in St. Helens from the atmosphere during the year ending the 31st March, 1934 to be 12,356 metric tons per 100 square kilometres or approximately 1,122 pounds per acre.

II.—VITAL STATISTICS.

EXTRACTS FROM VITAL STATISTICS OF THE YEAR:

	M.	F.	Total.
Births :—Legitimate	997	898	1,895
Illegitimate	23	21	44
Totals	1,020	919	1,939

Birth Rate per 1,000 of the estimated resident population 18.0

Still Births :—M. 74, F. 47 ; Total : 121.
Rate per 1,000 total (live and still) births 58.7

Deaths :—M. 823, F. 680 ; Total : 1,503.
Death Rate per 1,000 of the estimated resident population 14.0

Percentage of total deaths occurring in public institutions 34%

Number of women dying from diseases and accidents of pregnancy and child birth :—

	Deaths	Rate per 1,000 total (live and still) births.
From puerperal sepsis	1	0.49
From other puerperal causes	10	4.85
Total	11	5.34

Deaths of infants under one year of age :—

	M.	F.	Total.
Legitimate	137	80	217
Illegitimate	6	1	7
Total	143	81	224

Death Rate of Infants under one year of age :—

All infants per 1,000 live births	115.5
Legitimate infants per 1,000 legitimate live births	114.5
Illegitimate infants per 1,000 illegitimate live births	159.1

Deaths from Measles (all ages)	12
,, Whooping Cough (all ages)	52
,, Diarrhœa (under 2 years of age)	12
,, Tuberculosis	90
Zymotic Death Rate	0.83

Table 2 shows the main vital statistics of St. Helens in comparison with those of the other County Boroughs in Lancashire as well as with those for England and Wales and the 118 County Boroughs and Great Towns in England and Wales.

Table 2.

COUNTY BOROUGH	Estimated civil population	Birth Rate per 1,000 population	Crude Death Rate per 1,000 population	Infant Mortality per 1,000 live births	Maternal Mortality per 1,000 total (live and still) births	Tuberculosis Death Rate (all forms) per 100,000 population
England and Wales	40,350,000	14.4	12.3	64	4.3	82
118 County Boroughs and Great Towns	20,562,454	14.4	12.2	67	*	*
Barrow-in-Furness	65,030	13.5	12.1	64	8.9	86
Blackburn	121,400	12.0	14.4	71	3.9	79
Blackpool	104,100	10.0	14.8	67	2.9	73
Bolton	177,000	11.9	14.1	79	7.9	65
Bootle	77,210	21.4	13.9	88	3.5	150
Burnley	95,900	12.2	14.9	75	6.5	88
Bury	59,200	12.6	14.0	53	6.3	66
Liverpool	866,013	19.5	14.4	98	3.4	134
Manchester	771,165	14.4	13.4	75	4.9	115
Oldham	136,700	12.4	14.9	70	7.6	80
Preston	117,800	14.6	13.4	87	4.1	84
Rochdale	95,370	11.4	15.0	89	2.7	73
ST. HELENS	107,600	18.0	14.0	116	5.3	84
Salford	217,000	15.3	13.9	80	6.7	132
Southport	78,980	9.7	12.8	57	3.8	62
Warrington	81,080	16.0	12.4	70	4.3	99
Wigan	85,150	16.6	14.3	109	7.1	94

*Rates not available.

From this table it will be seen that of the 17 County Boroughs in Lancashire, St. Helens has the third highest birth rate, the eighth lowest death rate, and is eighth lowest in the tuberculosis death rate and eighth highest in the rate of maternal mortality. It has, however, the highest rate of infant mortality.

Table 3 gives a summary of the vital statistics for the past 50 years.

POPULATION.—According to the Registrar General's Estimate, the population of St. Helens on the 30th June, 1933 was 107,600, being the same figure as for the previous year and 811 more than the population as revealed by the Census in 1931.

The natural increase in population during 1933, i.e., the excess of the number of births over deaths, was 436, as compared with a natural increase of 933 in 1932 and 824 in 1931.

Table 3.

Statistics for St. Helens since 1884.

YEAR	Population	Birth Rate	Death Rate	Zymotic Death Rate	Infant Mortality Rate	Rate of Persons Married	DEATHS FROM							
							Small Pox	Measles	Scarlet Fever	Typhoid Fever	Typhus Fever	Diarrhoea	Whooping Cough	Diphtheria
1884	61,584	42.50	24.16	5.3	173	—	0	131	16	33	2	131	9	11
1885	62,932	39.93	23.32	3.5	168	—	0	81	13	7	1	56	53	11
1886	64,311	40.70	22.46	5.2	172	—	0	102	34	28	0	122	41	10
1887	65,718	37.00	21.69	3.9	163	—	0	53	35	34	0	101	28	11
1888	67,158	39.20	19.80	3.1	151	—	0	38	11	22	0	65	61	21
1889	68,628	39.86	23.50	4.18	177	—	0	78	3	81	1	85	15	29
1890	70,132	38.90	25.43	5.3	170	—	0	19	181	24	1	74	68	13
1891	71,509	40.80	26.02	3.0	180	—	0	54	24	26	0	78	29	9
1892	72,399	40.2	21.0	2.64	147	—	1	23	18	25	0	84	31	12
1893	73,576	41.3	24.4	5.4	196	—	5	135	6	52	0	168	19	16
1894	*76,112	37.8	18.3	2.21	161	14.6	0	21	14	26	2	38	61	10
1895	77,288	40.9	21.8	3.10	181	13.0	1	54	9	59	0	101	14	8
1896	78,482	38.7	20.9	3.73	177	13.2	0	38	59	40	0	63	78	17
1897	79,694	40.0	21.8	4.3	181	14.2	0	87	44	33	0	133	33	20
1898	80,926	40.3	19.9	3.2	172	14.2	0	17	24	30	0	140	34	16
1899	82,176	38.3	20.4	2.9	157	13.0	0	21	8	43	0	114	41	15
1900	83,445	37.1	22.8	3.2	188	13.0	0	59	25	19	0	91	56	19
1901	84,734	36.9	19.7	2.56	175	13.9	0	7	29	34	0	95	17	3
1902	86,043	37.4	19.7	2.60	167	11.4	0	59	52	25	0	50	18	20
1903	87,372	39.1	17.5	1.72	138	13.0	0	1	26	18	0	53	30	23
1904	88,722	37.4	20.9	3.96	174	12.9	3	131	17	13	0	120	49	22
1905	89,843	36.1	17.2	1.88	132	11.7	0	41	16	2	0	66	26	18
1906	91,153	33.9	17.3	1.79	159	11.9	0	10	4	18	0	105	5	22
1907	92,476	34.1	18.3	2.87	155	13.6	0	145	10	12	0	36	52	11
1908	93,812	35.2	16.0	1.32	122	12.3	0	0	29	12	0	59	7	17
1909	95,161	32.0	18.5	3.5	149	12.7	0	188	33	13	0	27	62	12
1910	96,523	32.7	14.5	1.26	121	13.1	1	15	22	10	0	51	16	7
1911	96,870	33.5	18.3	3.03	158	12.7	0	69	13	22	0	143	39	8
1912	98,159	32.0	15.5	1.76	124	14.0	0	62	19	8	0	49	46	19
1913	99,460	32.2	18.9	3.74	155	14.6	0	189	26	4	0	120	18	15
1914	100,775	33.3	17.1	1.62	138	14.1	0	25	5	4	0	98	24	8
1915†	92,240	32.1	19.3	3.1	129	16.1	0	126	12	6	0	78	40	32
1916†	90,000	26.5	16.8	1.95	108	14.9	0	2	30	2	0	64	34	85
1917†	90,600	22.0	16.5	2.26	123	10.6	0	65	20	2	0	37	19	79
1918†	90,600	24.1	21.2	2.45	126	11.4	0	26	24	0	0	48	24	100
1919†	100,805	25.5	15.0	0.82	117	17.5	0	5	9	2	0	35	7	25
1920	104,822	31.8	13.5	1.2	113	16.8	0	56	7	0	0	44	7	13
1921	104,900	29.1	12.6	0.83	103	17.2	0	7	5	0	0	63	24	5
1922	106,400	26.4	13.4	0.93	115	11.5	0	60	4	2	0	28	3	5
1923	107,100	24.4	11.9	0.39	91	12.8	0	0	4	1	0	24	10	8
1924	108,700	24.1	12.0	0.68	103	12.7	0	29	1	2	4	36	11	4
1925	109,600	23.9	12.0	0.85	100	12.0	0	17	7	3	0	35	33	6
1926	110,000	23.2	12.0	0.62	102	10.2	0	27	1	0	0	43	4	6
1927	113,100	20.8	11.4	0.82	88	11.5	0	60	2	0	0	26	5	7
1928	110,500	21.8	12.0	0.67	98	11.8	0	15	5	1	0	29	21	10
1929	109,200	20.7	14.6	0.91	114	13.0	0	49	6	1	0	23	13	11
1930	109,200	21.5	11.4	0.28	80	13.6	0	7	2	0	0	4	8	4
1931	108,300	20.1	12.5	0.48	88	13.6	0	30	0	0	0	21	0	7
1932	107,600	20.1	11.4	0.22	89	13.9	0	1	1	0	0	26	4	0
1933	107,600	18.0	14.0	0.83	116	13.4	0	12	2	3	0	18	52	8

† Estimated civil population.
* Borough extended.

BIRTHS.—The number of births registered in St. Helens during 1933 was 1,998. 21 births occurring in other districts were transferable to St. Helens and 80 occurring in the borough were transferred to other districts, making a total of 1,939 births belonging to the borough. The birth rate for the year was 18.0 per 1,000 of the population as compared with 20.1 for the previous year. The rate both for England and Wales and for the 118 County Boroughs and Great Towns during 1933 was 14.4.

The following table shows the birth rate and the marriage rate foi St. Helens for 1933 in comparison with the rates for quinquennial periods since 1896.

Period.	Birth Rate. per 1,000 of the population.	Marriage Rate. per 1,000 of the population.
1896-1900	37.0	13.5
1901-1905	33.5	12.7
1906-1910	37.3	13.5
1911-1915	32.5	14.3
1916-1920	25.9	14.2
1921-1925	25.5	13.2
1926-1930	21.6	12.0
1930	21.5	13.6
1931	20.1	13.6
1932	20.1	13.9
1933	18.0	13.4

In 1933 the male births numbered 1,020 and the female 919, being a proportion of 1,109 male to 1,000 female children born.

Illegitimate births were 2.3% of the total, as compared with 2.0% in the previous year. Table 4 gives the illegitimate birth rate since 1914.

Table 6 shows the number of births notified for each ward during the year, and Table 7 shows the birth rate for St. Helens since 1880 and the figures for England and Wales for the same period. The births and deaths in the local hospitals are allocated to the wards in which the usual places of residence are situated.

Table 4.

Number of illegitimate births.

Years	1914	1915	1916	1917	1918	1919	1920	1921	1922	1923	1924	1925	1926	1927	1928	1929	1930	1931	1932	1933
Number of illegitimate births	97	92	78	78	112	127	131	136	81	76	70	79	68	80	62	58	72	59	44	44
Proportion per 1,000 population ...	0.96	0.90	0.79	0.79	1.1	1.2	1.2	1.3	0.7	0.7	0.64	0.72	0.61	0.7	0.56	0.53	0.66	0.54	0.41	0.41

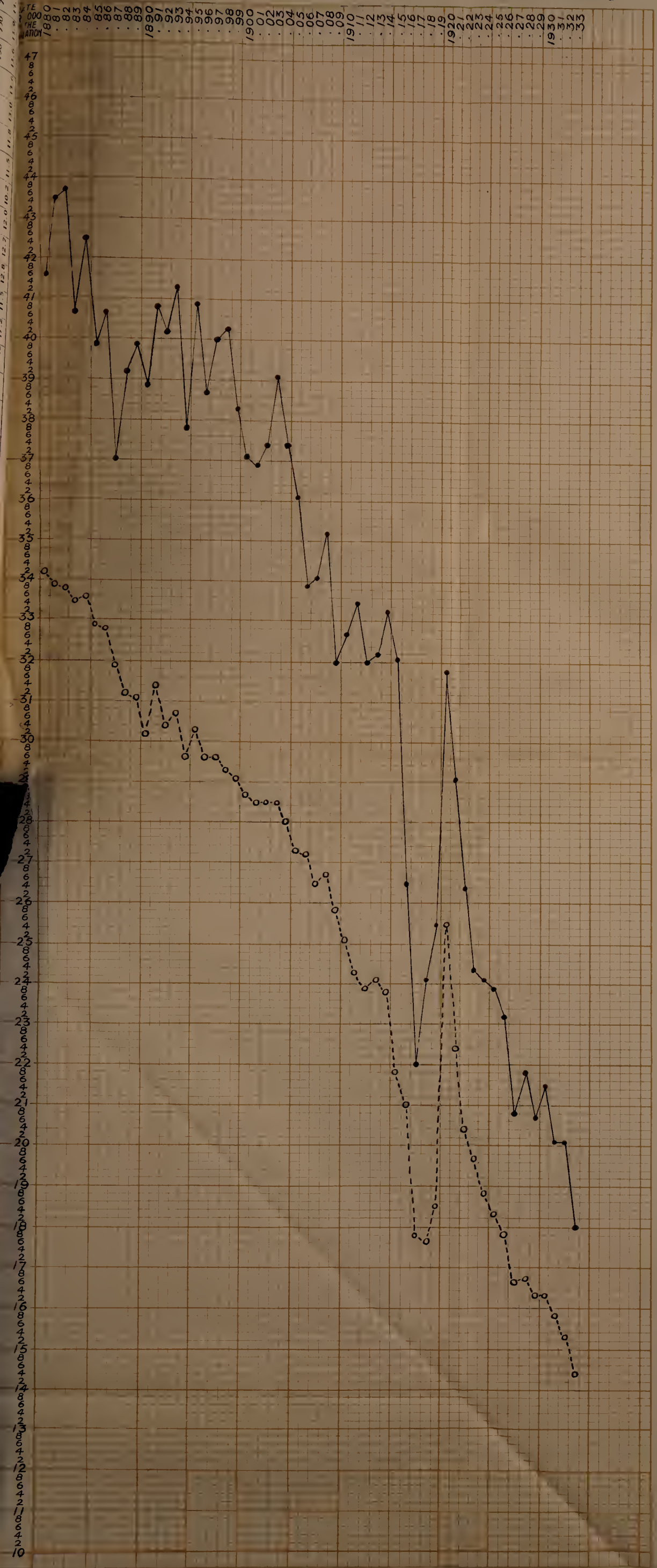
Table 5.

Number of marriages.

Years	1914	1915	1916	1917	1918	1919	1920	1921	1922	1923	1924	1925	1926	1927	1928	1929	1930	1931	1932	1933
Number of Marriages	706	745	568	536	579	924	882	903	612	686	692	661	565	653	653	710	740	738	750	723
Marriage rate per 1,000 population ...	14.01	14.5	11.58	10.60	11.4	17.5	16.8	17.2	11.5	12.8	12.7	12.0	10.2	11.5	11.8	13.0	13.6	13.6	13.9	13.4

TABLE 7.

BIRTH RATE - ST. HELENS and ENGLAND and WALES, 1880-1933



St. Helens ●——— England and Wales o- - - - -

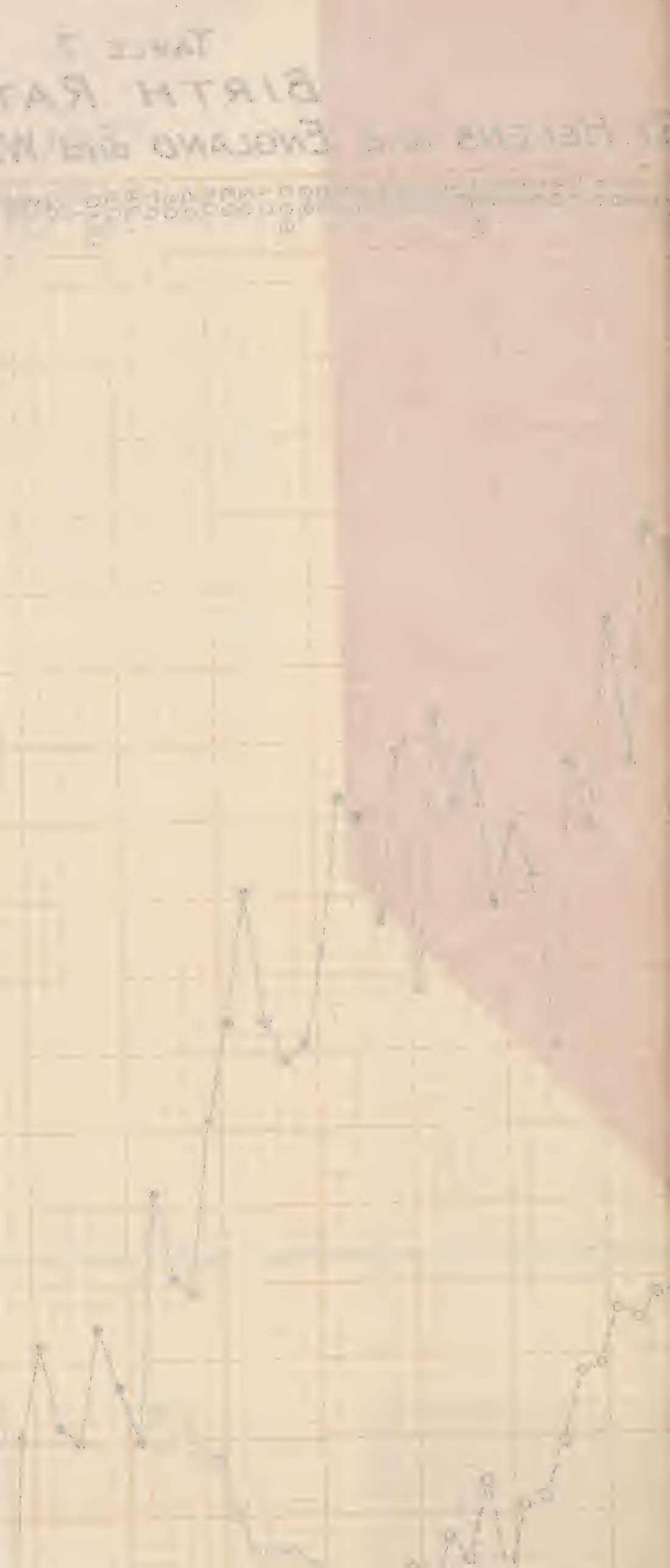


Table 6.

WARD	Number of births notified	Birth-rate per 1000 population	Number of deaths	Death-rate per 1000 population
Central	116	20.6	97	17.2
East Sutton	274	21.6	152	12.0
Hardshaw	180	15.4	164	14.0
North Eccleston	225	19.4	157	13.5
North Windle	210	14.3	200	13.6
Parr	362	23.9	249	16.5
South Eccleston	307	18.5	215	13.0
South Windle	136	19.8	103	15.0
West Sutton	213	16.8	166	13.1
Total	2023	18.8	1503	14.0
England and Wales	—	14.4	—	12.3
118 Great Towns	—	14.4	—	12.2

MARRIAGES.—The number of marriages during the year was 723, giving a rate of persons married of 13.4 per 1,000 of the population. Table 5 shows the rate for past years.

DEATHS.—The number of deaths occurring within the borough during the year was 1,466. This total includes 175 deaths in St. Helens of persons usually resident in other areas, but excludes 212 deaths of persons usually resident within the borough which occurred in other areas, so that the actual number of deaths assignable to St. Helens is 1,503. This gives a death rate of 14.0 per 1,000 of the population, compared with a death rate of 11.4 per 1,000 for 1932. The death rate for England and Wales for the year was 12.3 per 1,000. 34% of the deaths during the year occurred in public institutions.

A comparison of the death rate in St. Helens for quinquennial periods since 1881 and for the years 1930, 1931, 1932 and 1933 with the rate for England and Wales during the same period is seen in the following statement :—

Period.	Death Rate per 1,000 of the population. St. Helens. (Crude).	England and Wales.
1881-85	23.2	19.4
1886-90	22.5	18.9
1891-95	21.8	18.7
1896-1900	20.3	17.7
1901-05	19.0	16.0
1906-10	16.9	14.7
1911-15	19.8	14.3
1916-20	16.6	14.4
1921-25	12.3	12.1
1926-30	12.3	12.1
1930	11.4	11.4
1931	12.5	12.3
1932	11.4	12.0
1933	14.0	12.3

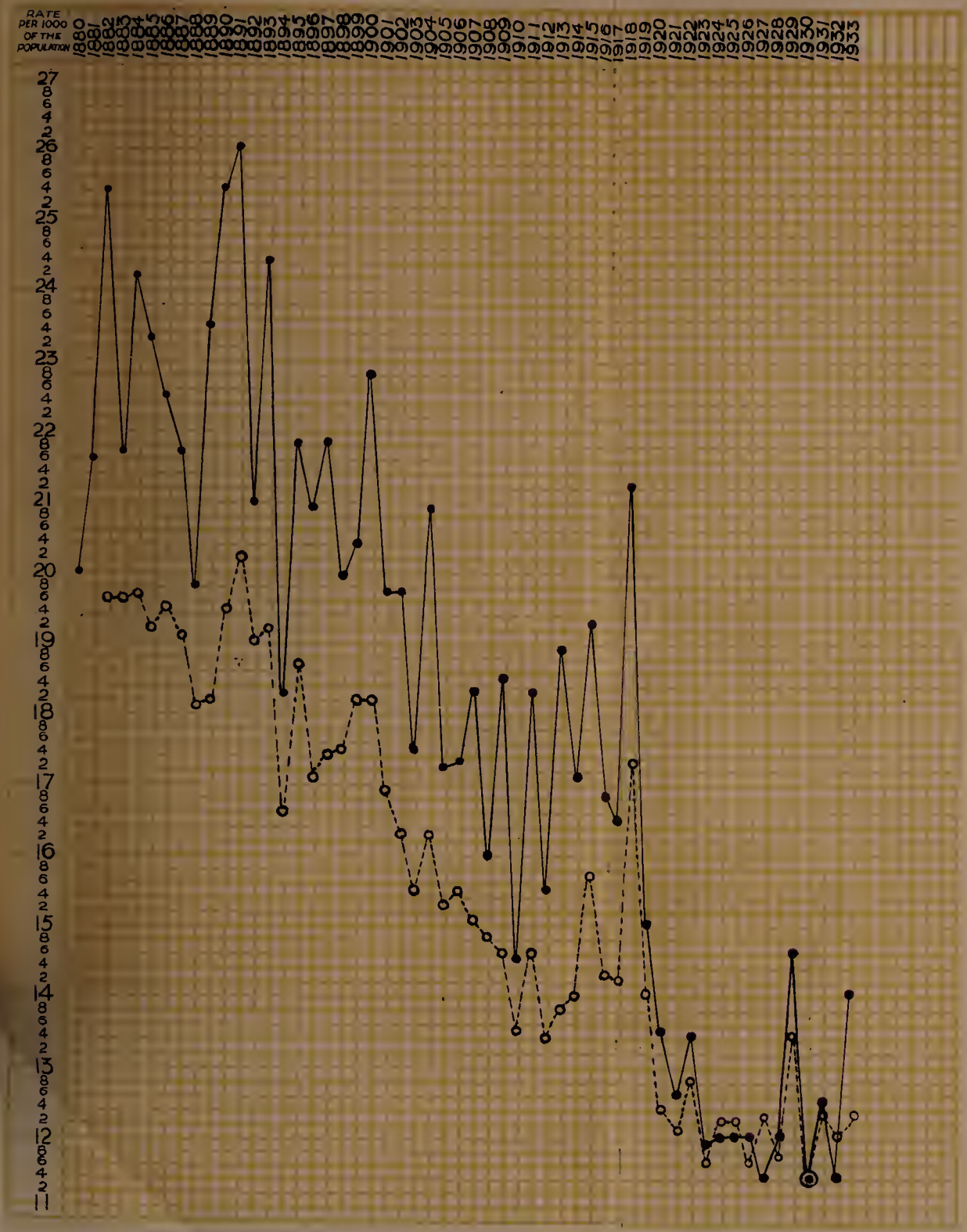
For the increased death rate in 1933 the severe epidemic of influenza was very largely responsible. Not only was there a very large increase in the number of deaths directly attributed to this disease, but its influence is seen in the very considerable increase in the number of deaths recorded from pneumonia, bronchitis and other respiratory diseases and from heart disease. The increase which occurred in the number of deaths in infancy and early life was very largely due to the presence of a severe epidemic of whooping cough.

Table 6 gives the number of deaths in the different wards during 1933, and Table 8 shows the death rate in the borough and for England and Wales since 1880.

Seasonal Deaths.—The following statement gives the number of St. Helens deaths in each quarter of the year, with the death

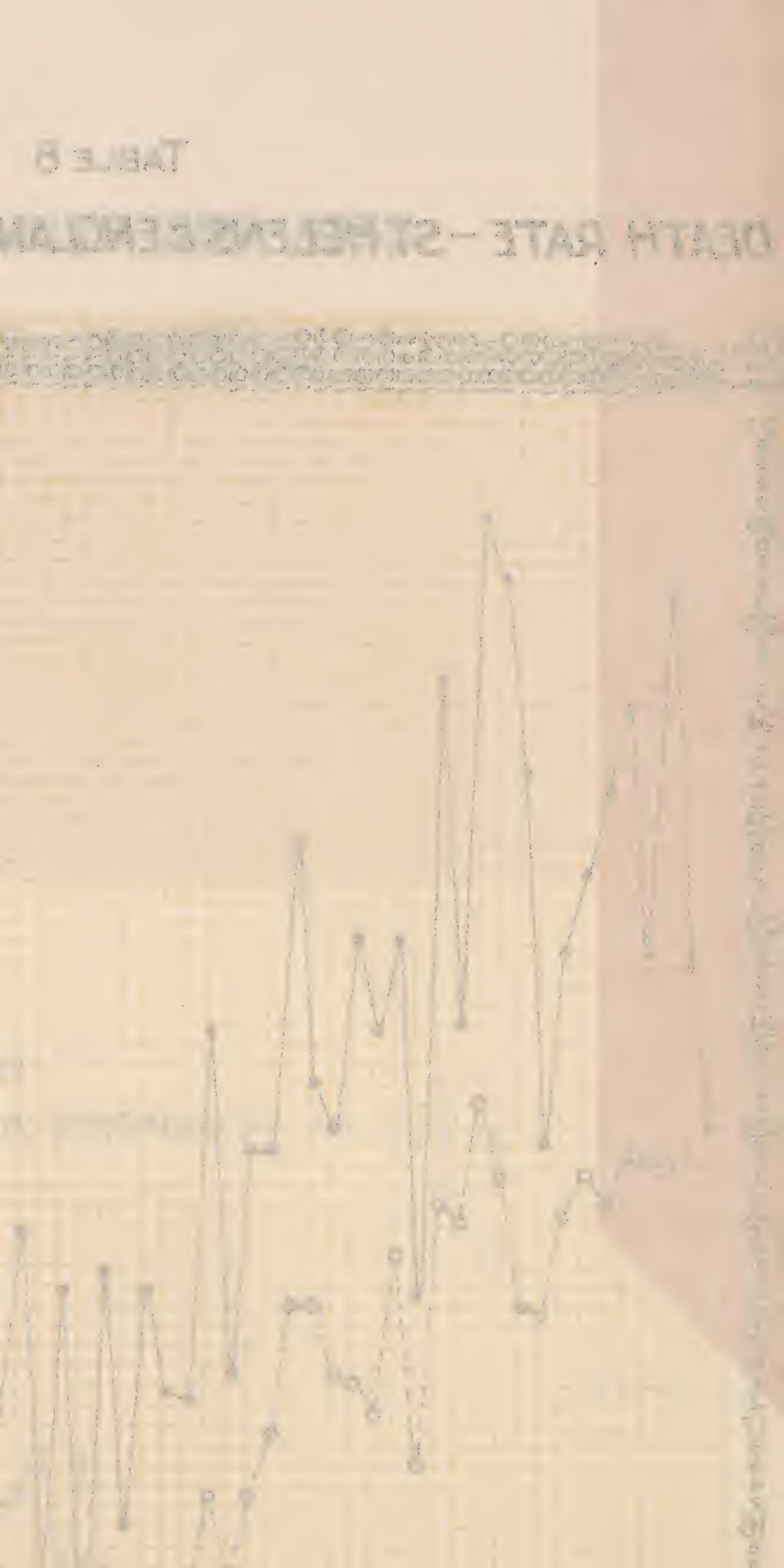
TABLE 8.

DEATH RATE – ST. HELENS & ENGLAND & WALES. 1880 - 1933.



The death rates are not corrected for age & sex distribution.

St. Helens ——— England & Wales o--------



rate for each quarter, and the death rate for England and Wales for the same periods.

	No. of Deaths.	Death rate per 1,000 of population. St. Helens	England & Wales
First Quarter	607	22.6	17.1
Second Quarter	294	10.9	10.8
Third Quarter	245	9.1	9.4
Fourth Quarter	357	13.3	12.0

Coroner's Inquests.—During the year, 132 deaths were reported to the Coroner. In 53 of these the Coroner was able without an inquest to issue a certificate attributing the death to natural causes. In one instance the Coroner adjourned the inquest till 1934, and, in 78 instances where inquests were held, the deaths were recorded as attributable to :—

Colliery accidents	5
Street accidents	18
Accidents in works	2
Drowning	7
Poisoning	7
Scalds and burns	5
Other deaths from violence	15
Natural causes	14
Other causes	5
	78

Causes of Death.—Figures relating to the causes of and ages at death during the year are given in Table 9.

Table 9.

Causes of, and age at, death during 1933.

Causes of Death	Sex	All Ages	At Ages 0–1	1—	2—	5—	15—	25–	35–	45–	55–	65–
All Causes	M	823	143	41	30	39	35	36	66	79	107	14
	F	680	81	33	30	23	31	32	49	68	93	13
Typhoid and paratyphoid fevers	M	1	—	—	—	1	—	—	—	—	—	—
	F	2	—	—	—	1	—	—	—	1	—	—
Measles	M	4	—	3	—	1	—	—	—	—	—	—
	F	8	—	3	5	—	—	—	—	—	—	—
Scarlet fever	M	—	—	—	—	—	—	—	—	—	—	—
	F	2	—	1	1	—	—	—	—	—	—	—
Whooping cough	M	30	10	12	6	2	—	—	—	—	—	—
	F	22	7	7	7	1	—	—	—	—	—	—
Diphtheria	M	3	—	—	—	3	—	—	—	—	—	—
	F	5	—	—	2	2	—	—	—	1	—	—
Influenza	M	64	5	3	4	1	3	5	10	14	8	
	F	37	1	1	—	1	3	3	5	7	3	
Encephalitis lethargica	M	—	—	—	—	—	—	—	—	—	—	—
	F	1	—	—	—	—	—	—	1	—	—	—
Cerebro-spinal fever	M	2	—	1	1	—	—	—	—	—	—	—
	F	1	—	—	—	1	—	—	—	—	—	—
Tuberculosis of respiratory system	M	48	—	—	—	3	9	9	9	11	6	
	F	31	—	—	1	—	12	11	5	—	1	
Other tuberculous diseases	M	10	3	1	1	2	1	1	—	—	1	—
	F	1	—	—	—	—	1	—	—	—	—	—
Syphilis	M	1	—	—	—	—	—	—	—	—	1	—
	F	—	—	—	—	—	—	—	—	—	—	—
General paralysis of the insane, tabes dorsalis	M	1	—	—	—	—	—	—	—	—	1	—
	F	1	—	—	—	—	—	—	—	—	—	
Cancer, Malignant disease	M	66	—	—	—	—	—	—	6	14	17	2
	F	65	—	—	—	—	—	2	6	16	12	2
Diabetes	M	8	—	—	—	—	1	2	2	1	1	—
	F	10	—	—	—	—	1	—	1	1	2	
Cerebral haemorrhage, etc.	M	35	—	—	—	—	—	—	—	5	6	1
	F	42	—	—	—	—	—	—	1	5	8	1
Heart Disease	M	112	—	—	—	—	6	2	7	10	19	4
	F	106	—	—	—	5	2	4	4	12	26	3
Aneurysm	M	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—
Other circulatory diseases	M	22	—	—	—	—	—	—	2	—	2	
	F	15	—	—	—	—	—	—	1	1	3	
Bronchitis	M	62	11	3	1	—	2	1	2	5	7	2
	F	47	5	1	—	1	1	1	1	2	8	1
Pneumonia (all forms)	M	108	33	11	8	11	5	5	15	7	8	
	F	69	15	17	10	5	—	1	5	4	6	
Other respiratory diseases	M	5	—	—	1	—	—	—	—	1	2	
	F	3	—	—	—	—	—	—	1	—	2	—
Peptic ulcer	M	6	—	—	—	—	—	1	1	—	3	
	F	1	—	—	—	—	—	—	—	1	—	—
Diarrhœa, etc.	M	7	4	—	1	1	—	—	—	—	1	—
	F	11	7	1	1	—	—	—	—	—	1	—
Appendicitis	M	6	—	—	—	3	1	1	—	—	—	
	F	5	—	—	—	1	1	—	1	1	1	—
Cirrhosis of liver	M	1	—	—	—	—	—	—	—	—	1	—
	F	1	—	—	—	—	—	—	—	—	—	
Other diseases of liver, etc.	M	—	—	—	—	—	—	—	—	—	—	—
	F	2	—	—	—	—	—	—	2	—	—	—
Other digestive diseases	M	7	6	—	—	—	—	—	—	—	1	—
	F	8	4	—	1	—	—	—	2	—	1	—

Table 9—*continued.*

Causes of Death	Sex	All Ages	At Ages 0–1	1—	2—	5—	15–	25–	35–	45–	55–	65–	75–
ute and chronic nephritis	M	9	—	1	—	1	1	—	1	—	3	2	—
	F	18	—	—	1	—	1	2	2	4	6	1	1
erperal Sepsis	F	1	—	—	—	—	—	1	—	—	—	—	—
her puerperal causes	F	10	—	—	—	—	2	4	4	—	—	—	—
ngenital debility, premature birth, malformations, etc.	M	61	61	—	—	—	—	—	—	—	—	—	—
	F	31	31	—	—	—	—	—	—	—	—	—	—
nility	M	35	—	—	—	—	—	—	—	—	1	9	25
	F	45	—	—	—	—	—	—	—	—	1	10	34
icide.....	M	6	—	—	—	—	—	—	3	2	—	1	—
	F	4	—	—	—	—	—	—	2	—	1	1	—
her violence	M	36	1	2	4	4	3	6	6	3	3	3	1
	F	20	2	—	—	3	3	—	—	3	2	2	5
her defined diseases	M	60	9	4	3	6	3	3	2	6	12	8	4
	F	51	9	2	1	2	4	3	5	9	8	6	2
uses ill-defined or unknown	M	7	—	—	—	—	—	—	—	—	3	1	3
	F	4	—	—	—	—	—	—	—	—	1	2	1
Totals		1503	224	74	60	62	66	68	115	147	200	280	207

Zymotic Death Rate.—The number of deaths caused by the " seven principal epidemic diseases " during 1933 was 89, giving a zymotic death rate of 0.83 per 1,000 of the population as compared with 0.22 during 1932. Compared with the previous year there was a marked increase in the number of deaths from measles and whooping cough.

The causes of these deaths during 1933 were as follows :—

Diarrhœa and enteritis (under 2 years)	12
Whooping Cough	52
Measles	12
Scarlet Fever	2
Diphtheria (including membranous croup)	8
Fever (enteric, typhus, and simple continued fever)	3
Smallpox	0

Table 3 shows the figures since 1884.

Deaths from Tuberculosis.—Tuberculosis was the cause o 90 deaths during the year—that is 5.99% of all deaths belongin to the borough. Of these deaths, 79 were attributable to tuberculosi of the lungs and 11 to other forms of tuberculosis. The ages a which these deaths occurred are shown in Table 9.

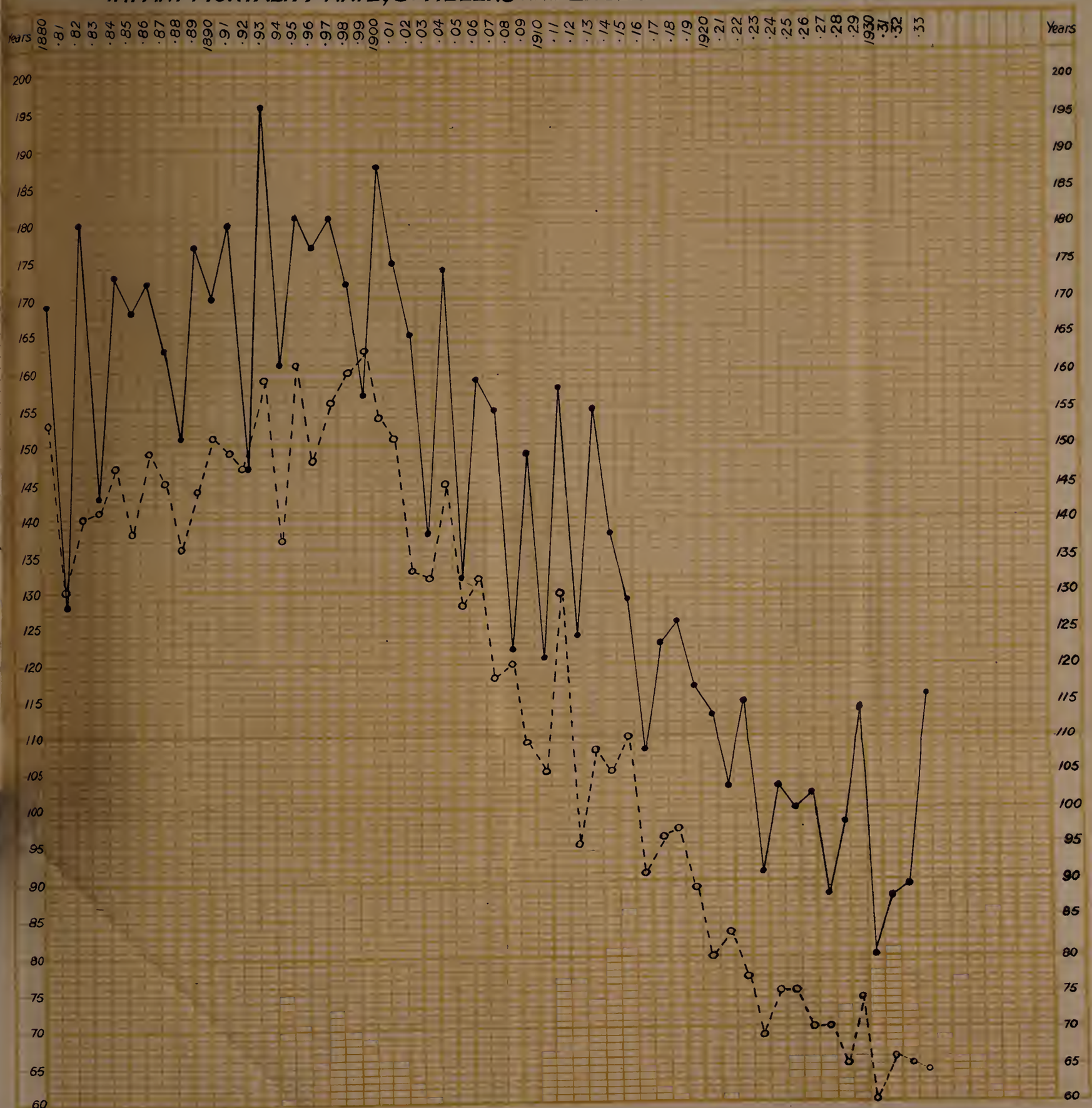
Malignant Diseases.—The deaths from these diseases during the past six years were as follows :—

AGE	1928	1929	1930	1931	1932	19
Under 1 year	1	1	—	—	—	–
1—2 years	—	—	—	—	—	–
2—3 ,,	—	1	—	—	—	–
3—4 ,,	—	—	—	—	—	–
4—5 ,,	—	—	—	—	—	–
5—10 ,,	—	—	—	—	—	–
10—15 ,,	—	—	—	—	—	–
15—20 ,,	—	1	2	—	—	–
20—35 ,,	3	4	2	1	5	
35—45 ,,	10	9	7	8	6	1
45—65 ,,	54	48	49	61	64	5
65 and over	53	38	42	51	53	5
Totals	121	102	102	121	128	13
Percentage of the total deaths	9.11	6.38	8.19	8.94	10.43	8.
Death rate per 1,000 of population	1.09	0.93	0.93	1.12	1.19	1.
Death rate per 1,000 of population, England and Wales	1.43	1.44	1.45	1.48	1.51	1.

There would appear to be no relationship between the incidence of malignant diseases and industrial processes in St. Helens.

Table 10.

Infant Mortality Rate, St. Helens and England and Wales - 1880-1933



Other causes of death.—The following extract from Table 9 shows some of the other principal causes of death :—

	Number	Percentage of Total Deaths.
Pneumonia (all forms)	177	11.78
Bronchitis and other Respiratory Diseases	117	7.78
Influenza	101	6.72
Heart Disease	218	14.50
Cerebral Haemorrhage, etc.	77	5.12
Suicide and other deaths from violence	66	4.39

Infant Mortality.—During 1933 there were 224 deaths of children under one year of age. This corresponds to an infant mortality rate of 115.5 per 1,000 births. The infant death rate for 1932 was 89.4.

Further reference to this subject is made in the Maternity and Child Welfare Section.

Table 10 shows the infant death rate for St. Helens since 1880, and the figures for England and Wales for the same period.

III.—INFECTIOUS DISEASES.

The following are the infectious diseases compulsorily notifiable to the Medical Officer of Health in St. Helens :—

Smallpox	Puerperal Fever
Scarlet Fever	Puerperal Pyrexia
Diphtheria and Membranous Croup	Cerebro Spinal Fever
Enteric Fever	Acute Poliomyelitis
Typhus Fever	Acute Polio Encephalitis
Relapsing Fever	Acute Encephalitis Lethargica
Continued Fever	Ophthalmia Neonatorum
Dysentery	Erysipelas
*Pneumonia	†Measles and German Measles
Cholera	†Whooping Cough
Plague	Tuberculosis (all forms)

**Acute Primary Pneumonia and Acute Influenzal Pneumonia.*

†*Notification by medical practitioner is not required if the disease "has occurred in the same family or institution and been notified within the period of two months immediately preceding the date on which he first becomes aware of a further case."*

Table 11 shows the total number of cases notified during the year, the total number of deaths which occurred, and the numbers admitted to the Corporation Hospitals.

Table 12 gives the age distribution of the cases notified, and Table 9 the age distribution of the deaths which occurred. The number of cases notified during each week of the year is shown in Table 13, and the number of notifications each year during the past 10 years is seen in Table 14.

Table 11.

Infectious Diseases, 1933.—Total number of cases notified, number of cases admitted to hospital, and the total deaths.

DISEASE	Notifications received	Cases admitted to hospital	Total Deaths
Smallpox	—	—	—
Diphtheria	203	203	8
Scarlet Fever	281	275	2
Enteric Fever	11	9	3
Typhus Fever	—	—	—
Puerperal Fever	2	2	1
Puerperal Pyrexia	12	8	
Erysipelas	80	15	2
Pneumonia	469	14	177
Ophthalmia Neonatorum	6	1	—
Poliomyelitis	12	5	2
Encephalitis Lethargica	1	1	1
Cerebro Spinal Fever	10	8	3
Dysentery	1	—	—
Measles	4092	32	12
Whooping Cough	1580	32	52
Malaria	—	—	—

Table 12.

Age distribution of cases of Infectious Diseases notified during 1933.

DISEASE	Notifications received.	Under 1	1—	2—	3—	4—	5—	10—	15—	20—	35—	45—	65—
Typhus Fever	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	281	1	7	24	19	35	149	33	7	5	1	—	—
Diphtheria	203	3	4	5	12	21	79	40	14	20	2	3	—
Pneumonia	469	43	41	42	35	26	86	33	28	46	41	39	9
Erysipelas	80	—	1	1	—	—	2	1	2	16	20	32	5
Puerperal Fever	2	—	—	—	—	—	—	—	—	2	—	—	—
Puerperal Pyrexia	12	—	—	—	—	—	—	—	—	9	3	—	—
Ophthalmia Neonatorum	6	6	—	—	—	—	—	—	—	—	—	—	—
Enteric Fever	11	—	—	—	—	—	4	3	2	1	—	1	—
Poliomyelitis	12	—	2	3	3	—	1	1	—	2	—	—	—
Encephalitis Lethargica	1	—	—	—	—	—	—	—	—	—	1	—	—
Cerebro Spinal Fever	10	—	2	1	—	1	5	—	—	1	—	—	—
Dysentery	1	—	—	—	—	—	—	—	—	—	1	—	—
Whooping Cough	1580	185	196	218	209	226	521	22	1	1	—	—	1
Measles	4092	159	310	377	507	757	1828	117	18	19	—	—	—
Malaria	—	—	—	—	—	—	—	—	—	—	—	—	—
Smallpox	—	—	—	—	—	—	—	—	—	—	—	—	—

Table 13.

Infectious Diseases.—Number of cases of Infectious Diseases notified each week in 1933.

Week Ending	Cerebro Spinal Fever	Diphtheria	Dysentery	Encephalitis Lethargica	Enteric Fever	Erysipelas	Measles	Malaria	Ophthalmia Neonatorum	Pneumonia	Poliomyelitis	Puerperal Fever	Puerperal Pyrexia	Scarlet Fever	Smallpox
Jan. 7	—	2	—	—	—	1	51	—	—	21	—	—	—	3	—
14	—	—	—	—	—	1	67	—	1	32	—	—	1	2	—
21	1	—	—	—	—	2	24	—	—	45	—	—	—	4	—
28	—	3	—	—	—	1	16	—	—	54	—	—	1	2	—
Feb. 4	2	3	—	—	—	5	32	—	—	32	1	—	—	6	—
11	3	1	—	—	—	—	36	—	—	13	—	—	—	8	—
18	—	2	—	—	2	—	33	—	—	5	—	—	—	4	—
25	—	3	—	—	1	2	36	—	—	14	—	—	1	1	—
Mar. 4	1	2	—	—	—	1	21	—	—	10	—	—	—	—	—
11	—	2	—	—	2	3	50	—	1	11	—	—	1	2	—
18	1	5	—	—	1	—	36	—	—	9	—	—	—	1	—
25	—	3	—	—	—	2	65	—	—	9	—	—	—	8	—
Apl. 1	—	1	—	—	—	—	65	—	—	4	—	—	—	2	—
8	—	5	—	—	—	—	49	—	—	7	—	—	—	1	—
15	—	1	—	—	—	—	78	—	—	4	—	—	—	3	—
22	—	2	—	—	—	1	49	—	—	3	—	—	1	4	—
29	—	1	—	—	—	—	46	—	—	7	1	—	—	4	—
May 6	—	—	—	—	—	2	47	—	—	5	—	—	—	1	—
13	—	2	—	—	—	1	41	—	—	4	—	—	—	1	—
20	—	4	—	—	—	2	35	—	—	7	—	—	1	—	—
27	1	—	—	—	—	2	31	—	—	6	—	—	—	1	—
June 3	—	1	—	—	2	2	28	—	—	7	—	—	—	4	—
10	—	3	—	—	—	1	16	—	—	8	—	1	—	2	—
17	—	—	—	—	—	2	15	—	1	4	2	—	2	1	—
24	—	6	—	1	—	1	24	—	—	3	5	—	—	2	—
July 1	—	8	—	—	—	—	17	—	1	4	2	—	—	2	—
8	—	8	—	—	—	—	63	—	—	1	—	—	—	2	—
15	—	9	—	—	—	1	38	—	—	3	—	—	—	6	—
22	—	13	—	—	—	1	75	—	—	3	—	—	—	2	—
29	—	5	—	—	—	2	56	—	—	3	1	—	—	3	—
Aug. 5	—	5	—	—	—	1	122	—	—	1	—	—	—	—	—
12	—	3	—	—	—	2	51	—	—	2	—	—	—	3	—
19	—	3	—	—	—	1	100	—	—	3	—	—	1	1	—
26	—	3	—	—	—	2	66	—	—	—	—	—	—	3	—
Sept. 2	—	4	—	—	—	1	42	—	1	1	—	—	—	9	—
9	—	6	—	—	1	3	55	—	—	2	—	—	—	14	—
16	—	5	—	—	—	1	71	—	—	4	—	1	—	9	—
23	—	3	—	—	—	—	62	—	—	10	—	—	—	8	—
30	—	4	—	—	1	3	77	—	—	5	—	—	—	5	—
Oct. 7	—	8	—	—	—	2	90	—	—	9	—	—	—	12	—
14	—	8	1	—	—	1	97	—	—	5	—	—	—	9	—
21	—	6	—	—	—	1	101	—	—	3	—	—	1	10	—
28	—	5	—	—	1	2	89	—	—	8	—	—	—	12	—
Nov. 4	1	4	—	—	—	5	149	—	—	9	—	—	—	9	—
11	—	4	—	—	—	5	199	—	—	6	—	—	—	8	—
18	—	1	—	—	—	4	178	—	—	7	—	—	—	12	—
25	—	3	—	—	—	5	221	—	—	11	—	—	—	10	—
Dec. 2	—	9	—	—	—	1	234	—	—	7	—	—	1	14	—
9	—	8	—	—	—	1	167	—	—	12	—	—	1	10	—
16	—	7	—	—	—	1	212	—	1	9	—	—	—	20	—
23	—	3	—	—	—	2	217	—	—	6	—	—	—	11	—
30	—	6	—	—	—	—	252	—	—	11	—	—	—	10	—
Total	10	203	1	1	11	80	4092	—	6	469	12	2	12	281	—

Table 14.

Notifications of Infectious Diseases received during the undermentioned years.

	1924	1925	1926	1927	1928	1929	1930	1931	1932	1933
Diphtheria	89	145	103	131	153	170	162	121	86	203
Scarlet Fever ...	163	241	153	206	1111	506	255	148	147	281
Enteric Fever ...	2	7	1	1	1	2	3	1	—	11
Puerperal Fever ...	17	16	7	6	11	16	17	7	6	2
†Puerperal Pyrexia ...	—	—	10	23	20	25	13	8	8	12
Pneumonia	126	242	256	209	263	491	251	226	308	469
Erysipelas	40	70	42	70	80	77	72	52	58	80
Ophthalmia Neonatorum ...	34	16	23	23	20	24	14	3	7	6
Poliomyelitis ...	1	1	—	—	—	9	—	—	—	12
Continued Fever ...	—	—	—	—	—	—	—	—	—	—
Encephalitis Lethargica ...	4	2	3	2	3	1	2	1	1	1
Polio-Encephalitis ...	—	—	—	—	—	—	—	—	—	—
Dysentery	—	3	6	1	13	1	2	—	15	1
Malaria	—	—	—	1	—	—	—	—	—	—
Measles	3513	1850	1625	2892	1465	1995	1026	2332	512	4092
Whooping Cough ...	235	920	304	448	649	685	516	43	394	1580
Cerebro Spinal Fever	2	2	2	—	—	1	—	—	17	10
Smallpox	—	—	—	—	2	—	—	—	—	—
Typhus Fever ...	8	—	—	—	—	—	—	—	—	—

† Notifiable since 1st October, 1926.

GENERAL OBSERVATIONS.—The year 1933 was characterised by an inordinately high incidence of the more common infectious diseases, i.e. scarlet fever, diphtheria, pneumonia, erysipelas, measles and whooping cough. The number of notifications of diphtheria, measles and whooping cough exceeded by a considerable margin any corresponding figures recorded during the last ten years.

There was, too, a small outbreak of enteric fever, and cerebro spinal meningitis made an unwelcome reappearance in the early part of the year. A minor epidemic of anterior poliomyelitis also manifested itself. All these, however, are more particularly discussed in the sections which follow.

SMALLPOX.—No case of smallpox was notified during the year.

The extent of vaccination in St. Helens since 1901 is shown in Table 15.

Table 15.

Vaccination returns since 1901.

YEAR	2 Vaccinated	3 Insusceptible	4 Dead	5 Conscientious Objector	6 Postponed	7 Removed	8 Unaccounted	Percentage not Vaccinated including Columns 5, 6, 7, 8
1901	2,639	4	391	11	29	59	24	4.4
1902	2,788	4	342	7	12	58	34	3.8
1903	2,977	8	325	2	6	62	11	2.6
1904	2,940	7	341	10	10	42	25	2.8
1905	2,923	3	270	6	10	29	18	2.1
1906	2,733	5	318	8	12	39	22	2.8
1907	2,810	9	257	24	19	49	17	3.7
1908	2,858	18	248	70	11	35	20	4.5
1909	2,720	8	241	81	9	33	11	4.7
1910	2,731	3	255	131	3	23	19	6.0
1911	2,750	9	277	148	5	26	14	6.5
1912	2,646	4	294	216	12	23	4	8.7
1913	2,499	6	296	339	14	27	9	13.0
1914	2,654	11	281	348	6	22	24	13.0
1915	2,352	2	189	367	9	34	15	15.3
1916	2,056	4	186	287	3	39	24	14.6
1917	1,702	4	158	267	1	6	45	15.7
1918	1,861	0	201	281	8	40	19	14.5
1919	1,999	2	189	385	4	25	18	17.8
1920	2,452	1	223	553	12	18	23	19.8
1921	2,234	2	179	530	6	29	17	20.6
1922	2,143	7	185	411	5	27	23	17.8
1923	2,144	10	139	261	4	10	22	12.17
1924	2,227	7	156	157	6	12	25	8.24
1925	2,150	2	147	234	8	10	26	11.45
1926	2,084	8	151	237	14	9	14	11.62
1927	1,984	7	145	196	10	20	11	10.67
1928	1,990	5	149	242	8	20	8	12.26
1929	1,782	8	139	288	7	16	11	15.3
1930	1,852	3	122	317	8	11	19	16.09
1931	1,724	9	116	329	8	11	15	17.39
1932	1,712	4	125	352	5	15	12	18.32†

† Of the 18.32 per cent unvaccinated, 16.79 per cent. are conscientious objectors.

SCARLET FEVER.—During 1933, 281 cases were notified and 275 of these were admitted to the Isolation Hospital. In 2 cases of uncommon severity the disease proved fatal. From January until

September a small but steady number of cases occurred. They were generally of wide distribution and could not be said to constitute an epidemic. From September to the end of the year, however, there was an increased prevalence, especially in one district. Difficulty in controlling the infection arose not only from the large number of children in the affected area but also from the mild and benign nature of some of the cases, in consequence of which they passed unrecognised. Throughout the last four months of the year strict supervision of the appropriate schools was maintained and, though the customary methods of prevention of spread were rigorously practised, cases continued to occur with little remission until the end of the year.

The following statement shows the age distribution of all cases occurring and of the deaths :—

Age	No. of Cases	No. of Deaths	Case Mortality
Under 5 years	86	2	2.3%
5—15 years	182	—	—
Over 15 years	13	—	—

Cases are discharged from hospital, if clean, i.e. free from complications, discharges, blemishes, etc. at the end of 28 days, but during 1933 the average duration of stay was 35.0 days. The longer period was mainly accounted for by the greater number of septic and " spotty " cases. One case, a girl aged two years, developed an acute mastoiditis which was operated on successfully by the Council's Consultant Throat and Nose Surgeon.

Throughout the year anti-scarlatinal serum was again freely used in all the more serious and especially in septic cases.

DIPHTHERIA.—During 1933 there was a pronounced increase both in the incidence and in the virulence of this disease in St. Helens. In all, 203 cases were notified and in 8 of these the issue was fatal. Some 50% of the cases were of a severe type while some 10% were of the very grave variety.

In part, the relatively high number of cases was founded on a localised school epidemic which commenced at the beginning of June. Throughout that month cases traceable to the school concerned occurred at intervals of a few days until at the end of the month 10 cases had been notified. During this period, though a most rigorous supervision was maintained and swabbing of noses and throats of all the school children and teachers was carried out, it was only at the end of the month that an intermittently discharging otorrhoea in a school child was discovered and found bacteriologically positive. After the isolation of this child however cases still continued to occur and, by the end of July, 10 more cases had occurred. The outbreak then appeared to subside but a fortnight later cases began to reappear. The explanation appeared to be that in a family of three school children, one of whom was undergoing home treatment under the care of the private medical attendant for "tonsillitis" (the other two being in attendance at school), the true diagnosis was only revealed by the onset of a palatal paralysis. One of these children proved to be a "carrier," and, after the segregation of all three, the school epidemic subsided and in the last quarter of the year the outbreak was well under control.

The following statement shows the age distribution of the cases occurring in 1933 :—

Age.	No. of cases.	No. of Deaths.	Case mortality.
Under 5 years	45	2	4.4%
5—15 years	119	5	4.2%
15—45 years	36	—	—
Over 45 years	3	1	33.3%

Diphtheria anti-toxin is available for medical practitioners either at the office of the Medical Officer of Health or at the Borough Isolation Hospital. Too little use is made, however, of this service. Medical practitioners are too prone to wait until the diagnosis is confirmed by bacteriological examination or until the case is removed to the Isolation Hospital. There is serious danger in this delay. The earlier the serum is administered the greater is the chance for complete recovery. Experience has abundantly shown that it is very much better to give a dose of serum to a doubtful case which proves negative than to miss the beneficial effects of early administration in a case which proves to be true diphtheria.

No attempt has yet been made to detect susceptibles among the general community and to immunise them against diphtheria, but it is hoped to inaugurate a scheme for this in the near future.

ENTERIC FEVER.—11 cases were notified during the year, of which 3 proved fatal.

The majority of the cases occurred in the Sutton Manor and Gartons Lane district. The first indication of the presence of the disease was the notification (on the 14th February) of a suspicious case which had been admitted to a local general hospital. On investigation the case proved to be a definite typhoid and died on the 17th February. In following up this case, another case in the same family was found at home and a third case at Whiston Infirmary, neither of whom was suspected as typhoid until enquiries were instituted. It was also found that a sister of the original case notified had died nearly a fortnight before the original case was notified, her death being certified as due to pneumonia.

The next case came to our notice on the 7th March, when a patient was sent into the Isolation Hospital as scarlet fever but was found on admission to be suffering from typhoid. In following this

case up it was found that this family lived in close proximity to and were cousins of the family in which the first batch of cases occurred. As a result of investigation 3 cases of typhoid were found among this second family.

The next case brought to our notice was a notification on the 29th May of a case in the same local hospital as the original. On investigation of this case it was found that the patient had been in hospital for nearly a month and had been operated on for appendicitis —typhoid not being suspected until a few days before the patient's death. In following this case up, it was found that a daughter of the patient had been seriously ill with some ill-defined illness some two or three weeks before Easter and a Widal test left little doubt that she had had typhoid at that time. This family lived just round the corner from the second family referred to.

The original source of the infection was never discovered. The father in the original family had typhoid fever in 1916 and it is just possible that he may have been a carrier, though, owing to the length of time since his attack and the fact that he did not appear to have shown signs of being a carrier previously, it is doubtful whether he was actually the infecting cause.

No further cases were discovered during the year in the Sutton Manor district. There was, however, a further notification from an entirely different part of the town, which on investigation proved to be a case of true typhoid. The source of the infection in this isolated case could not be identified. It was neither preceded nor succeeded by any further case in the locality and made a complete recovery in the Borough Isolation Hospital.

In addition there were two cases of paratyphoid B fever in the borough during the year, both girls aged 8 and 13 years respectively. The dates of notification were the 4th September and the 25th October. The homes of these girls were a considerable distance

apart as well as the dates of onset of the disease, and no connection between them could be established. Both were admitted to the Borough Isolation Hospital and made complete recoveries.

No further true cases of either disease have since come to our notice.

***MEASLES.**—4092 cases were notified during the year, this being the highest number since 1923. The largest number of cases occurred towards the end of the year from October to December. The maximum number of cases occurring in any week was 252 in the week ended the 30th December, 1933.

The disease was generally of an unusually severe type with a fair proportion of pulmonary complications. 12 deaths occurred.

The following statement shows the age distribution of the cases and the deaths :—

Ages.	No. of cases.	No. of deaths.	Case mortality.
Under 5 years	2110	11	0.52%
5—15 years	1945	1	0.05%
Over 15 years	37	—	—

As mentioned in previous Reports, hospital accommodation is available for these cases at the Isolation Hospital and home nursing can be obtained from the St. Helens and District Nursing Association on request. During the year, 32 cases were admitted to hospital and the district nurses paid 959 visits to 42 cases for home nursing.

* Note.—Further details regarding this disease will be found in that section of the Report dealing with Maternity and Child Welfare, page 60.

*WHOOPING COUGH.—During 1933 there was a severe epidemic of whooping cough which was the continuance of an epidemic which commenced towards the end of the preceding year. During the year 1580 cases were notified and 52 deaths occurred. The epidemic reached the climax about the end of February and abated towards the end of June.

The age distribution of the cases and of the deaths was as follows :—

Ages.	No. of cases.	No. of Deaths.	Case Mortality.
Under 5 years	1034	49	4.7%
5—15 years	543	3	0.55%
Over 15 years	3	—	—

*PUERPERAL FEVER AND PUERPERAL PYREXIA.—2 cases of puerperal fever and 12 cases of puerperal pyrexia were notified during the year, and 1 death was reported as due to puerperal sepsis.

*OPHTHALMIA NEONATORUM.—6 cases were notified during 1933.

CEREBRO SPINAL MENINGITIS.—During the Spring of 1932 there had arisen a small outbreak of this disease and subsequently throughout the year sporadic cases had occurred, the last of these being notified on the 16th December, 1932.

In 1933 there was again an increase in the number of cases. During the first three months of the year 8 cases were notified, but following this only 1 case occurred in May and 1 in October, and

* Note.—Further details regarding this disease will be found in that section of the Report dealing with Maternity and Child Welfare, page 60.

there have been no further cases in the Spring of the current year. In all, 10 cases were notified during 1933 and there were 4 deaths due to this disease. In one case, however, the death was certified as due to " meningitis " and consequently it would not appear to have been attributed to cerebro spinal fever in the Registrar General's statistics. 2 of the deaths occurred at home before the notification was received and in neither was the diagnosis confirmed bacteriologically nor was any serum treatment administered. Subsequent investigations indicated, however, that both were true cases of cerebro spinal meningitis. All the other cases were admitted to the Isolation Hospital and received serum treatment. 2 of them, however, succumbed within a few days of admission. On the whole the type of the disease in the series was very severe.

As is to be expected in this disease, which so frequently is spread by healthy carriers, very little association could be traced between the cases. The history of one case, however, suggested association with one of the general hospitals. In this case (a girl aged 7 years) the father was in hospital and was being visited by the mother there at the time of onset of the girl's illness. From this hospital, while the father was an in-patient (though in another ward), a case of cerebro spinal meningitis was removed. Swabbing of all likely contacts in the hospital failed, however, to reveal any carrier.

ACUTE POLIOMYELITIS.—During the early part of the year there was a distinct though small outbreak of poliomyelitis. In all, 12 cases were notified, but, of these, it was impossible to confirm the diagnosis in 2 which terminated fatally shortly after notification. Subsequently the information obtained greatly favoured the view that the diagnosis of poliomyelitis was in both cases incorrect. These cases (female adults aged 32 and 29 years respectively and notified on the 29th January and the 27th June) were the only adults in the series.

In another case who refused to go to the Isolation Hospital there remained some doubt as to the accuracy of the diagnosis. The evidence available, however, suggested that it could be accepted as a true case.

On the other hand a review of the total number of cases revealed that 2 quite definite cases escaped notification. Both of these were young children and were discovered through our maternity and child welfare centres—one in March and the other in April. Both showed established paralysis and furnished other evidence pointing conclusively to a diagnosis of anterior poliomyelitis. They have consequently been included here.

It appears, therefore, that there occurred during 1933, 12 true cases, of which 5 were admitted to the Borough Isolation Hospital. In all but 2 cases of the series paralysis was distinctly established before the cases came under the notice of the health department. In these 2 cases, however, there was distinct flaccidity of the affected parts.

All the cases except one were placed under the care of the Orthopaedic Surgeon.

In no case was convalescent serum given owing to the difficulty of obtaining the necessary serum coupled with the fact that practically all the cases had passed the acute or pre-paralytic stage before coming under notice.

On investigation of the home conditions no unusual feature of common occurrence was detected. Overcrowding was found in only one case, and the families generally were not in distress or impoverished circumstances. In two instances the case affected was an only child, the others belonging to families of various sizes.

No association among the cases was discovered, though it was noted that in each of two widely separated districts a group of three cases occurred in houses situated in fairly close proximity.

ENCEPHALITIS LETHARGICA.—Only 1 case was notified during the year. The patient, a man aged 35 years, showed fairly characteristic clinical symptoms and was admitted to the Borough Isolation Hospital from which he was discharged after making a satisfactory recovery.

During the year, the death was registered as due to chronic epidemic encephalitis of a case which had been in the County Mental Hospital, Rainhill, but no previous notification of this case had been received.

ERYSIPELAS.—During 1933 there were 80 notifications and two deaths were attributed to this disease.

DYSENTERY.—Only one case was notified during the year. This occurred in the County Mental Hospital, Rainhill.

MALARIA.—No case was notified during the year.

NON-NOTIFIABLE ACUTE INFECTIOUS DISEASES.

During the year, 123 cases of mumps and 421 cases of chicken pox came to the notice of the health department. The cases of mumps occurred mainly during the month of November, the largest number in any one week being 26 in the week ended the 26th November.

Cases of chicken pox began to appear in June and continued until August, the highest number for any one week being 39 in the week ended the 8th July.

In the Spring there was a severe epidemic of influenza and 101 deaths were registered as directly due to this cause, compared

with 49 during the previous year. These deaths, however, did not represent the total damage caused by influenza. During 1933 there was a considerable increase in deaths from bronchitis, pneumonia and other respiratory diseases (294 deaths were registered as occurring from these diseases in 1933 compared with 221 in 1932) and in deaths from heart diseases (173 deaths in 1932 and 218 in 1933), and there is no doubt that many of the deaths registered under these causes resulted from influenzal attacks.

The number of deaths from diarrhoea, etc. in children under 2 years of age was 12. Epidemic diarrhoea is, however, practically unknown and the majority of these deaths resulted from gastric and intestinal disturbances of a non-infectious character.

BOROUGH ISOLATION HOSPITAL.—This hospital is situated at Peasley Cross and has accommodation for 94 beds. There is no resident medical officer, the cases being treated by the patients' own private practitioners. The Medical Officer of Health, however, controls all admissions and discharges and exercises general supervision over all cases. Consultant services are supplied by the Corporation as required if the patient is unable to pay the cost.

As mentioned in previous Reports and especially commented on in my Report last year, there is great want at this hospital of small ward accommodation for the isolation of the very varied assortment of diseases now admitted to the hospital. It is hoped, however, that proposals at present under consideration for the conversion of one of the large blocks into cubicles will be proceeded with before the end of the current year.

Cases are also admitted to this hospital from the Urban District of Haydock.

At the beginning of the year there were 34 patients in hospital. New cases admitted during the year numbered 695, making a total number of 729 patients dealt with. At the end of the year there were 92 patients remaining. The highest number of patients under treatment at any one time was 96, and the lowest 32.

The details of admissions and discharges are shown in Table 16.

Table 16.

Peasley Cross Isolation Hospital.

Hospital Diagnoses of cases treated during 1933.

DISEASE	In hospital Jan. 1st, 1933	Admitted	Discharged	Died	In hospital Jan. 1st, 1934
Scarlet Fever	20	295	250	2	63
Diphtheria	7	149	128	11	17
Puerperal Fever	—	3	2	1	—
Puerperal Pyrexia	—	4	3	1	—
Venereal Disease	—	—	—	—	—
Measles	2	32	25	1	8
Other Diseases	4	204	173	31	4
Mothers with sick babies	—	7	7	—	—
Babies with sick mothers	1	1	2	—	—
Total	34	695	590	47	92

Of 295 cases of scarlet fever admitted, 7 (2.37%) were return cases, that is, cases apparently infected within the arbitrary time limit of 28 days by patients discharged from hospital. In all instances the suspected infecting cases were absolutely clean clinically, i.e., free from sores and discharges from the mucous membranes (nose, throat and ear) at the time of leaving hospital.

Visits to the homes of the discharged cases revealed that one had contracted a " common cold " seven days after returning home ; one showed impetiginous sores on the face ; one had developed a

nasal discharge ; and one had had an attack of nose bleeding some hours after discharge, but had since shown no other abnormal feature. Of the remaining three, two were perfectly clean and one had developed all the characteristics of a relapse two days after discharge.

AMBULANCE PROVISION.—Two motor ambulances are kept at the Isolation Hospital to convey patients to any of the Corporation Hospitals, and a Morris Van for the conveyance of bedding, etc. During the year the total distance travelled was 16,446 miles.

Though urgent cases are at all times conveyed to the hospital without delay, there is no regular night ambulance service.

DISINFECTION.—Disinfection of premises by means of formalin sprays is carried out by the disinfectors from the Medical Officer's Department, and bedding and articles of clothing, etc. are disinfected by steam or other appropriate method at the Borough Isolation Hospital. During the year the disinfectors dealt with 4,645 premises, and the numbers of articles disinfected at the Isolation Hospital were as follows :—

	Articles.
Blankets, Sheets and Rugs	9,020
Hospital Clothing and Bedding	6,290
Pillows and Cushions	5,207
Mattresses, etc.	1,910
Other Articles of Clothing	6,230
Library Books	96
Other Articles	4,115

There is no municipal cleansing station, but facilities for the cleansing and disinfection of persons and their belongings are afforded at the Borough Isolation Hospital. School children are also removed to this Institution for compulsory cleansing when required.

IV.—LABORATORY WORK.

The majority of the routine bacteriological and pathological examinations are carried out by the medical staff at the Borough Laboratory at the Town Hall, but bloods for the Wasserman reaction and specimens of an unusual nature are examined at the City Laboratories, Liverpool. Table 17 shows the numbers of specimens dealt with during 1933.

Outfits for the collection of specimens of sputa, blood specimens, throat swabs, etc., are supplied free of charge.

Table 17.

SPECIMENS.	Number Received	Results	
		Positive	Negative
Swabs for Diphtheria	3217	165	3052
Sputa for Tuberculosis	879	286	593
Hairs for Ringworm	48	24	24
Blood for Wasserman Reaction	102	23	79
Films for Gonococci	151	47	104
Pus and other fluids and discharges for various organisms	89	24	65
Total	4486	569	3917

Specimens requiring chemical analysis are dealt with by the Public Analyst at his laboratories.

V.—TUBERCULOSIS.

INCIDENCE.—During 1933, formal notifications under the Regulations were received in respect of 107 cases of pulmonary and 60 cases of non-pulmonary tuberculosis. In addition, however,

12 new cases came to the knowledge of the department from the following sources :

	Pulmonary	Non-Pulmonary
Death Returns of cases not previously notified	6	1
Posthumous notification	1	—
Transfers from other areas	2	1
Notification of admission to a hospital outside the borough of a case not previously notified	1	—
	—	—
	10	2
	—	—

The total number of new cases for the year was, therefore, 179, of which 117 were pulmonary and 62 non-pulmonary. At the end of 1933 there remained on the Tuberculosis Register 534 cases of pulmonary and 351 cases of non-pulmonary tuberculosis. The age grouping of the new cases and of the deaths that occurred during the year is shown in Table 18.

Table 18.

Particulars of new cases and of deaths during 1933.

Ages	New Cases				Deaths			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	Males	Females	Males	Females	Males	Females	Males	Females
Under 1 year	—	—	5	—	—	—	3	—
1 to 5 years	—	2	7	6	—	1	2	—
5 to 10 years	8	3	10	9	—	—	1	—
10 to 15 years	3	6	8	2	3	—	1	—
15 to 20 years	3	6	3	3	3	5	1	—
20 to 25 years	6	8	1	1	6	7	—	1
25 to 35 years	13	14	2	3	9	11	1	—
35 to 45 years	13	5	—	1	9	5	—	—
45 to 55 years	12	3	—	1	11	—	—	—
55 to 65 years	8	2	—	—	6	1	1	—
65 upwards	2	—	—	—	1	1	—	—
Totals	68	49	36	26	48	31	10	1

Though the formal notifications do not represent the total number of new cases each year, they form a fairly accurate guide to the incidence of the disease. The gradual fall in incidence since notification commenced in 1912 is seen in Table 19, which also shows the fall that has occurred in the death rate from tuberculosis.

Of the 107 cases of pulmonary tuberculosis for which formal notification was received during 1933, 27 died during the year and the average duration of life after notification in these cases was 49.3 days. In 9 cases death occurred within one week of notification.

Table 19.

Number of cases notified and number of deaths each year, 1912 to 1933.

Year	No. of Primary notifications received.		Deaths		Death Rate per 10,000 of population	
	Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary
1912	130	—	91	65	9.27	6.02
1913	253	164	100	90	10.05	9.0
1914	207	116	113	65	11.2	6.45
1915	203	126	99	56	10.7	6.07
1916	189	137	127	41	14.1	4.5
1917	198	62	121	42	13.3	4.64
1918	144	40	107	34	11.8	3.75
1919	150	56	99	31	9.8	3.08
1920	221	65	82	37	7.9	3.53
1921	179	63	102	32	9.7	3.05
1922	167	58	78	39	7.3	3.66
1923	141	45	85	27	8.0	2.52
1924	154	75	118	27	10.8	2.48
1925	141	88	97	25	8.8	2.28
1926	140	68	91	32	8.2	2.92
1927	129	61	74	22	6.5	1.95
1928	139	68	84	21	7.6	1.90
1929	130	50	91	24	8.3	2.2
1930	119	53	73	26	6.7	2.4
1931	110	67	103	17	9.5	1.6
1932	141	48	72	16	6.7	1.5
1933	107	60	79	11	7.3	1.0

MORTALITY.—During 1933 there were referable to the borough 90 deaths from all forms of tuberculosis, giving a Tuberculosis Death Rate of 8.3 per 10,000 of the population. Of these

deaths, 79 were due to pulmonary tuberculosis and 11 to non-pulmonary tuberculosis, giving a pulmonary death rate of 7.3 per 10,000 of the population and a non-pulmonary death rate of 1.0.

The pulmonary death rate of 7.3 per 10,000 for 1933 is slightly higher than the rate for 1932, when it was 6.7, but has been lower only in the years 1927, 1930 and 1932. Two peaks occurred in the pulmonary death curve during the year, one in January concurrently with the influenza epidemic and one in November during the long spell of foggy weather. The death rate from this form of tuberculosis since 1881 is shown in Table 20.

The non-pulmonary death rate of 1.0 per 10,000 is the lowest ever recorded in St. Helens, and it would appear as if non-pulmonary tuberculosis as a cause of death has lost much of the terror it possessed two decades ago.

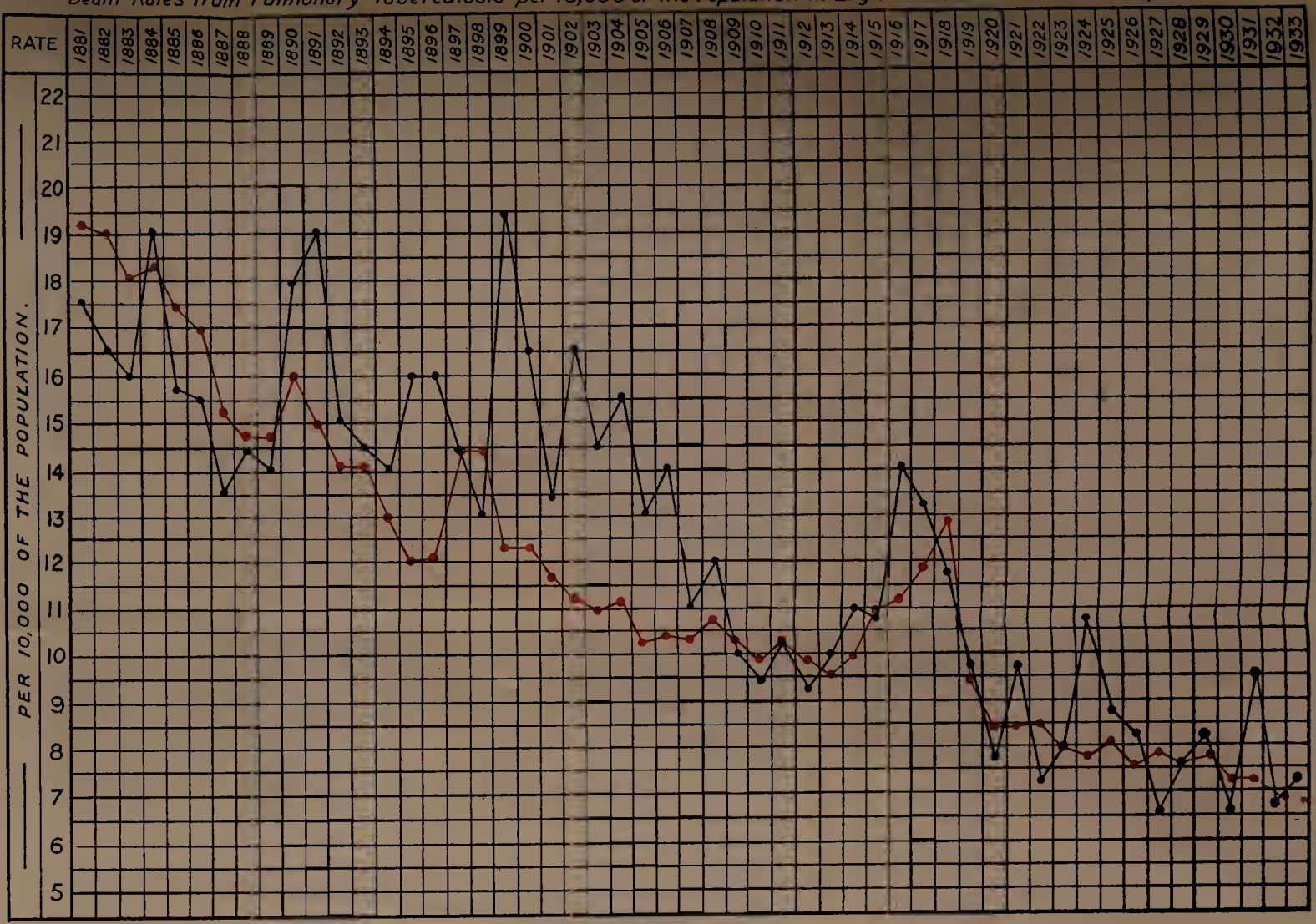
The ages at which the deaths occurred are shown in Table 9 and the number of deaths and the death rate from each form of the disease since 1912 in Table 19.

TUBERCULOSIS DISPENSARY.—The focus of activity in a tuberculosis scheme is essentially the dispensary and, if the dispensary is to do good work, it requires not only a good Tuberculosis Officer but he should have at his disposal all modern aids to diagnosis and methods of treatment. In the latter respects, St. Helens is sadly lacking. The present premises are not only dull and dismal and uninviting to the patient, but, owing to the inadequacy of accommodation, modern methods cannot be practised to the best advantage. I would again urge the provision of new premises fitted in accordance with all modern requirements.

Five sessions are held weekly at the Dispensary for ordinary cases and one session weekly for X-ray therapy. A record of the work in connection with the dispensary during the past five years is shown in Table 21(a).

Table 20.

Death Rates from Pulmonary Tuberculosis per 10,000 of the Population in England & Wales and St. Helens, 1881-1933



Black: St. Helens.
Red: England and Wales.

TABLE 21(a).

Record of work at or in connection with the Tuberculosis Dispensary during the years 1929—1933.

	1929	1930	1931	1932	1933
1. New cases examined for the first time	295	251	228	266	241
2. New contacts examined for the first time	42	54	51	86	130
3. Cases transferred from other areas or returned after discharge from the Register	11	7	9	4	3
Total	348	312	288	356	374
4. New cases and contacts diagnosed to be tuberculous :					
Pulmonary— Adults	69	82	74	83	67
,, Children	14	18	11	29	15
Non-pulmonary—Adults	10	9	10	9	9
,, Children	22	37	24	32	24
Total	115	146	119	153	115
5. Contacts diagnosed to be tuberculous (*included in item* 4)	2	1	—	6	5
6. Removed from Dispensary Register as :—					
Non-tuberculous	188	206	181	192	254
Recovered	22	18	29	12	90
Dead (all causes)	77	60	79	69	73
Transferred to other areas or lost sight of	15	26	12	30	30
Total	302	310	301	303	447
7. "Recovered" cases restored to Register (*included in items* 1 *and* 4)	—	—	—	—	1
8. Cases on Dispensary Register on 31st December :—					
Diagnosis completed :					
Pulmonary— Adults	225	252	260	281	264
,, Children	141	155	165	175	171
Non-Pulmonary—Adults	52	59	57	66	55
,, Children	203	233	246	260	230
Diagnosis not completed :					
Adults	75	29	7	14	9
Children	75	45	25	17	11
Total	771	773	760	813	740
9. Pulmonary cases on Registers on 31st December which were T.B.+	*	*	93	110	120
10. Consultations with medical practitioners (personal and other)	65	85	141	201	110
11. Sputum examinations	66	175	162	150	256
12. X-ray examinations	4	—	—	—	133
13. Home visits by Tuberculosis Officer	76	85	156	160	113
14. Home visits by Nurses or Health Visitors	2059	1572	1556	1581	1578
15. Attendances at Dispensary	2694	2715	2787	2644	2928

*Figures not available.

Expressed as a ratio per 100 deaths from tuberculosis, there has been during the past five years considerable increase in the number of persons coming to the dispensary for examination. In 1929, 293 new cases and contacts were examined per 100 deaths from tuberculosis and this gradually increased to 412 in 1933. One of the chief reasons for this increase was the increase in the number of contacts examined.

During the year special attention was paid to the revision of the Dispensary Register, and this has resulted in the removal of a large number of old cases in whom no evidence of active disease had existed during many years.

At the X-Ray Department 44 cases of tuberculous adenitis and 18 cases of tuberculous skin affections made 586 attendances for treatment. As mentioned in previous Reports, however, this form of treatment cannot be considered wholly satisfactory and should be replaced by artificial sunlight.

For diagnostic purposes, however, the new X-ray plant installed during the year has been most valuable and has increased very considerably the value of the clinic as a consultation centre.

During 1933, 241 new cases and 130 contacts were added to the Dispensary Register and 3 cases were transferred from other areas ; 90 cases were discharged from the Register as recovered ; 254 were written off as non-tuberculous ; 73 died ; and 30 were transferred to other areas or were lost sight of. This left at the end of the year 740 persons on the Register. Table 21(b) shows the condition at the end of 1933 of all patients on the Dispensary Register.

Home disinfection of premises and bedding was carried out in 604 instances, being a decrease of 139 as compared with the previous year.

Table 21(b).

PULMONARY TUBERCULOSIS.

Supplementary Annual Return showing in summary form (a) the condition at the end of 1933 of all patients remaining on the Dispensary Register ; and (b) the reasons for the removal of all cases written off the Register.

The Table is arranged according to the years in which the patients were first entered on the Dispensary Register as definite cases of pulmonary tuberculosis, and their classification at that time.

Condition at the time of the last record made during the year to which the return relates.			Previous to 1926					1926					1927					1928					1929					1930					1931					1932					1933				
			Class T. B. minus	Class T. B. plus				Class T.B. minus	Class T. B. plus				Class T.B. minus	Class T. B. plus				Class T.B. minus	Class T. B. plus				Class T.B. minus	Class T. B. plus				Class T.B. minus	Class T. B. plus				Class T.B. minus	Class T. B. plus				Class T.B. Minus	Class T.B. plus				Class T.B. Minus	Class T.B. plus			
				Group 1	Group 2	Group 3	Total (Class T. B. plus)		Group 1	Group 2	Group 3	Total (Class T.B. plus)		Group 1	Group 2	Group 3	Total (Class T.B. plus).		Group 1.	Group 2	Group 3	Total (Class T.B. plus)		Group 1	Group 2	Group 3	Total (Class T.B. plus)		Group 1	Group 2	Group 3	Total (Class T.B. plus)		Group 1	Group 2	Group 3	Total (Class T.B. plus)		Group 1	Group 2	Group 3	Total (Class T.B. plus)		Group 1	Group 2	Group 3	Total (Class T.B. plus)
(a) Remaining on Dispensary Register on 31st December.	Disease Arrested	Adults M.	5	—	—	—	—	2	—	—	—	—	1	—	—	—	—	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		Adults F.	4	—	—	—	—	2	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		Children	8	—	—	—	—	3	—	—	—	—	3	—	—	—	—	9	—	—	—	—	7	—	—	—	—	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Disease not Arrested	Adults M.	11	1	3	4	8	5	—	—	—	—	2	1	2	—	3	2	—	—	—	—	2	—	—	2	2	3	1	6	2	9	2	1	1	2	4	10	2	4	6	12	9	4	12	7	23
		Adults F.	4	1	1	—	2	2	—	1	1	2	1	—	—	—	—	2	—	1	—	1	3	—	2	—	2	8	—	1	—	1	10	—	1	2	3	5	—	3	6	9	7	1	8	3	12
		Children	4	—	1	2	3	7	—	—	—	—	5	—	1	—	1	10	—	—	—	—	3	—	—	—	—	4	—	—	—	—	7	—	—	—	—	27	—	1	—	1	14	1	1	—	2
	Condition not ascertained during the year.		13	3	1	—	4	8	1	1	—	2	14	1	—	—	1	14	—	1	—	1	9	—	—	1	1	12	2	2	—	4	5	—	2	—	2	12	4	—	—	4	—	—	—	—	—
	Total on Dispensary Register at 31st December.		49	5	6	6	17	29	1	2	1	4	26	2	3	—	5	44	—	2	—	2	25	—	2	3	5	33	3	10	2	15	25	1	4	4	9	54	6	8	12	26	30	6	21	10	37
(b) Not now on Dispensary Register and reasons for removal therefrom.	Discharged as Recovered	Adults M.	28	1	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		Adults F.	24	—	—	—	—	3	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		Children	34	—	—	—	—	4	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Lost sight of or otherwise removed from Dispensary Register.		207	4	6	10	20	57	2	—	—	2	23	1	—	—	1	29	1	—	—	1	20	—	1	—	1	33	1	1	1	3	5	2	—	—	2	1	—	—	—	—	—	—	—	—	—
	Dead	Adults M.	52	5	19	48	72	14	4	3	28	35	12	1	—	25	26	15	—	—	17	17	15	—	4	13	17	8	4	5	14	23	5	3	1	15	19	—	2	8	14	24	2	—	2	5	7
		Adults F.	26	4	10	31	45	17	2	8	14	24	9	—	—	9	9	7	—	1	17	18	10	—	—	14	14	2	5	2	10	17	1	4	—	11	15	2	1	3	8	12	1	—	—	8	8
		Children	8	—	1	10	11	2	—	—	5	5	3	—	1	4	5	3	—	—	2	2	2	—	—	2	2	—	1	—	2	3	—	2	—	2	4	—	—	1	—	1	—	—	—	1	1
	Total written off Dispensary Register		379	14	36	99	149	98	8	11	47	66	49	2	1	38	41	55	1	1	36	38	47	—	5	29	34	43	11	8	27	46	11	11	1	28	40	3	3	12	22	37	3	—	2	14	16
GRAND TOTALS			428	19	42	105	166	127	9	13	48	70	75	4	4	38	46	99	1	3	36	40	72	—	7	32	39	76	14	18	29	61	36	12	5	32	49	57	9	20	34	63	33	6	23	24	53

NON-PULMONARY TUBERCULOSIS.

Supplementary Annual Return showing in summary form (a) the condition at the end of 1933 of all patients remaining on the Dispensary Register ; and (b) the reasons for the removal of all cases written off the Register.

Condition at the time of the last record made during the year to which the return relates.			Previous to 1926					1926					1927					1928					1929					1930					1931					1932					1933				
			Bones and Joints	Abdominal	Other Organs	Peripheral Glands	Total	Bones and Joints	Abdominal	Other Organs	Peripheral Glands	Total	Bones and Joints	Abdominal	Other Organs	Peripheral Glands	Total	Bones and Joints	Abdominal	Other Organs	Peripheral Glands	Total	Bones and Joints	Abdominal	Other Organs	Peripheral Glands	Total	Bones and Joints	Abdominal	Other Organs	Peripheral Glands	Total	Bones and Joints	Abdominal	Other Organs	Peripheral Glands	Total	Bones and Joints	Abdominal	Other Organs	Peripheral Glands	Total	Bones and Joints	Abdominal	Other Organs	Peripheral Glands	Total
(a) Remaining on Dispensary Register on 31st December.	Disease Arrested	Adults M.	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	1	1	—	—	—	—	—
		Adults F.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—
		Children	2	1	4	10	17	12	—	1	4	17	2	—	—	1	3	4	1	—	4	9	2	1	—	5	8	1	—	2	12	15	1	—	1	9	11	—	1	1	3	5	2	—	2	2	6
	Disease not Arrested	Adults M.	—	—	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	2	—	—	—	—	—	—	—	—	—	1	1	2	1	5	2	—	1	1	4
		Adults F.	—	—	2	—	2	—	—	1	—	1	—	—	—	—	—	1	—	—	—	1	—	—	1	—	1	1	—	—	—	1	—	—	—	—	1	—	—	2	3	2	—	3	2	7
		Children	2	—	3	1	6	1	—	1	—	2	—	1	1	1	3	1	—	—	5	6	4	1	1	3	9	2	2	—	8	12	4	—	1	9	14	3	2	3	14	22	5	5	2	12	24
	Condition not ascertained during the year.		6	2	3	4	15	3	—	2	1	6	4	1	1	3	9	2	—	2	4	8	3	1	1	1	6	1	1	4	2	8	2	1	1	2	6	1	—	1	3	5	—	—	—	—	—
	Total on Dispensary Register at 31st December.		11	3	14	15	43	16	—	5	5	26	6	2	2	5	15	8	1	2	13	24	9	3	5	9	26	5	3	6	24	38	7	1	3	20	31	6	5	7	23	41	11	5	8	17	41
Transferred to Pulmonary			—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(b) Not now on Dispensary Register and reasons for removal therefrom.	Discharged as Recovered	Adults M.	7	1	—	3	11	—	—	2	2	4	—	—	—	1	1	—	—	—	—	—	—	—	—	1	1	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		Adults F.	5	1	1	9	16	1	—	1	1	3	1	—	—	1	2	—	—	—	—	—	—	—	—	1	1	1	—	—	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		Children	26	11	8	43	88	6	12	4	10	32	6	3	—	9	18	1	—	1	7	9	1	—	1	2	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Lost sight of, or otherwise removed from Dispensary Register		15	8	10	22	55	7	2	3	12	24	—	3	1	1	5	1	—	—	4	5	—	—	—	1	1	1	—	—	2	3	1	—	—	1	2	1	1	—	2	4	—	—	—	—	—
	Dead	Adults M.	2	—	1	—	3	1	1	—	—	2	—	1	—	—	1	—	—	—	—	—	—	—	—	—	—	1	—	1	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		Adults F.	—	—	—	—	—	—	—	—	—	—	2	1	—	—	3	—	1	—	1	2	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—	—	—	—	—	—	—	—	—	—
		Children	7	4	2	2	15	2	2	1	1	6	2	1	—	—	3	—	2	—	—	2	1	1	—	—	2	1	1	2	1	5	—	—	—	1	1	—	1	—	—	1	—	—	—	1	1
	Total written off Dispensary Register		62	25	22	79	188	17	17	11	26	71	11	9	1	12	33	2	3	1	12	18	2	1	1	5	9	5	1	3	4	13	1	1	—	2	4	1	2	—	2	5	—	—	—	1	1
GRAND TOTALS of (a) and (b) (excluding those transferred to Pulmonary).			73	28	36	94	231	33	17	16	31	97	17	11	3	17	48	10	4	3	25	42	11	4	6	14	35	10	4	9	28	51	8	2	3	22	35	7	7	7	25	46	11	5	8	18	42

During the year no case came to notice in which action was required under the Public Health (Prevention of Tuberculosis) Regulations, 1925, (control of tuberculous persons employed in the milk trade), nor has it been necessary to obtain compulsory removal to hospital of any patient under the Public Health Act, Section 62.

There are no arrangements under the Tuberculosis Scheme for the provision of home nursing in St. Helens, but many of the cases are dealt with by the St. Helens and District Nursing Association. Shelters are not provided in St. Helens.

The dispensary service must, however, be considered incomplete without some after-care service. Large sums of money are spent yearly in providing institutional treatment, and, though the services of the dispensary are available for advice after discharge from the Sanatorium, the majority of these patients require far more assistance than can be given from official sources. In looking after the family while the father or the mother is in the sanatorium, in dealing with problems of insufficient food, bedding and clothing, in helping towards better house accommodation and suitable employment, and in many other ways, a well organised voluntary committee could do much to help these patients towards recovery and prevent those relapses that so frequently occur under present conditions. Unfortunately, there is no such committee in St. Helens

NON-PULMONARY TUBERCULOSIS.—During 1933, 62 patients suffering from tuberculous glands or from lupus made 586 attendances for X-ray treatment. The need for an ultra violet ray apparatus for the treatment of these lesions is more apparent than ever, but there is no accommodation for such an installation in the present dispensary premises.

Treatment for bone and joint tuberculosis in children is provided under the Council's orthopaedic scheme, and, though there is no definite scheme for dealing with adults, arrangements are now in force whereby bone and joint conditions in adults requiring operative treatment are dealt with at one of the Liverpool hospitals. An increasing number of these cases has also been admitted to Eccleston Hall Sanatorium for convalescence and the services of the orthopaedic surgeon, Mr. McFarland, have been retained for regular consultation in regard to them. I would suggest the extension of the orthopaedic scheme to include all bone and joint tuberculosis. Further reference to orthopaedic treatment is made in the Orthopaedic Section of the Report.

During the year, patients suffering from the following types of disease received in-patient treatment :—

Bones and joints	24
Abdominal	9
Other organs	2

DENTAL TREATMENT.—In-patients at Eccleston Hall Sanatorium are examined regularly by the dental surgeon and minor treatments such as extractions, fillings, etc., are carried out and in special cases dentures are supplied. There is no special scheme for dealing with patients attending the Dispensary but urgent cases are from time to time referred to the dental surgeon for treatment.

INSTITUTIONAL TREATMENT.—Institutional treatment for cases of tuberculosis in St. Helens is provided as follows :—

(a)—Eccleston Hall Sanatorium :—maintained by the St. Helens Corporation. This institution contains 70 beds with accom-

modation for approximately 28 men, 18 women, and 24 children. The institution is primarily for pulmonary tuberculosis, but non-active non-pulmonary cases are admitted as and when necessary.

Like many similar institutions, Eccleston Hall has undergone a process of evolution and should now be classed as a combined sanatorium and pulmonary hospital. Modern methods of treatment have been adopted, gold therapy is being made use of and, with the provision of the new X-ray plant at the Dispensary, the addition of a new day room and certain alterations to existing rooms that are being carried out, it is expected that collapse therapy and lipiodal examination will be available by the end of the current year.

Education of child inmates, able to attend, is carried out at the sanatorium school, and bedside tuition is given to those medically fit to benefit therefrom.

(b)—Four beds are reserved at the Liverpool Sanatorium, Delamere, for early pulmonary cases.

(c)—Seven beds are reserved at the Leasowe Open-Air Hospital for Children, for non-pulmonary cases.

(d)—Occasional beds are taken as and when required for special cases at various institutions.

In addition to the above, 60 beds are available and used as required for pulmonary or non-pulmonary poor law cases at the Whiston Infirmary, Prescot.

Table 22.

Return showing the immediate results of treatment of definitely tuberculous patients and of observation of doubtful cases discharged from approved Residential Institutions during the year 1933.

Classification on admission to the Institution		Condition at time of discharge	Duration of Residential Treatment in the Institution. Under 3 months M.	F.	Ch.	3—6 months M.	F.	Ch.	6—12 months M.	F.	Ch.	More than 12 months M.	F.	Ch.	Totals M.	F.	Ch.	C T
Pulmonary Tuberculosis	Class T.B. minus.	Quiescent	1	—	—	5	3	1	2	1	3	—	—	5	8	4	9	
		Not Quiescent	2	1	2	1	—	—	1	—	3	—	—	5	4	1	10	
		Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Class T.B. plus Group 1	Quiescent	—	—	—	—	—	—	—	—	—	1	—	—	1	—	—	
		Not Quiescent	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
		Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Class T.B. plus Group 2	Quiescent	—	—	—	—	1	—	—	—	—	1	—	—	1	1	—	
		Not Quiescent	4	—	—	3	—	—	4	3	—	1	—	—	12	3	—	1
		Died in Institution	1	—	—	1	—	—	1	1	—	2	—	—	5	1	—	
	Class T.B. plus Group 3	Quiescent	—	—	—	—	—	—	1	—	—	—	—	—	1	—	—	1
		Not Quiescent	1	1	1	—	—	—	1	1	—	1	—	—	3	2	1	
		Died in Institution	5	3	—	1	2	—	—	1	—	3	—	—	9	6	—	1
Non-Pulmonary Tuberculosis	Bones and Joints	Quiescent	—	—	—	—	—	2	—	—	1	1	—	4	1	—	7	
		Not Quiescent	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1	
		Died in Institution	—	—	—	—	—	—	1	—	—	—	—	—	1	—	—	
	Abdominal	Quiescent	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
		Not Quiescent	—	—	—	—	—	—	2	—	—	—	—	—	2	—	—	
		Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Other Organs	Quiescent	—	—	—	1	—	—	—	—	—	—	—	—	1	—	—	1
		Not Quiescent	—	—	—	—	—	—	—	—	—	1	—	—	1	—	—	1
		Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Peripheral Glands	Quiescent	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
		Not Quiescent	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
		Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	

Diagnosis on discharge from observation.	For Pulmonary Tuberculosis: Stay under 4 weeks M.	F.	Ch.	Stay over 4 weeks M.	F.	Ch.	For Non-Pulmonary Tuberculosis: Stay under 4 weeks M.	F.	Ch.	Stay over 4 weeks M.	F.	Ch.	Totals M.	F.	Ch
Tuberculous	—	—	1	—	—	1	—	—	—	—	—	1	—	—	
Non-tuberculous	3	1	—	—	1	1	1	—	—	—	—	5	4	2	
Doubtful	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Totals	3	1	1	—	1	2	1	—	—	—	—	6	4	2	

§ Pulmonary Tuberculosis : Patients suffering from this disease are now divided into two classes, viz : *Class T.B. minus*, which comprises those patients in whose sputum tubercle bacilli have never been found : *Class T.B. plus* which comprises those cases in which tubercle bacilli have at any time been found.

Class T.B. plus is further sub-divided into three groups. *Group* 1 comprises early cases who will probably have their disease arrested by a period of Sanatorium treatment. *Group* 3 includes advanced cases and cases with grave complications, *e.g.*, diabetes and *tuberculosis* of larynx or intestine. *Group* 2 includes all cases of Class T.B. plus who cannot be placed in groups 1 and 3.

Table 22 shows the immediate results of treatment of patients discharged from residential institutions during the year, and Table 23 shows the extent of institutional treatment provided.

TABLE 23.

Institutional Treatment during the year 1933.

(a)—in Non-Poor Law Institutions.

		In Institutions on Jan. 1	Admitted during the year	Discharged during the year	Died in the Institutions	In Institutions on Dec. 31
Number of doubtfully tuberculous cases admitted for observation	Adult Males	—	4	4	—	—
	Adult Females	—	2	2	—	—
	Children	2	9	9	—	2
	Total	2	15	15	—	2
Number of definitely tuberculous patients admitted for treatment.	Adult Males	30	48	35	15	28
	Adult Females	16	21	11	7	19
	Children	28	28	28	—	28
	Total	74	97	74	22	75
Grand Total		76	112	89	22	77

(b)—in Poor Law Institutions.

		In Institutions on Jan. 1.	Admitted during the year	Discharged during the year	Died in the Institutions	In Institutions on Dec. 31
Number of patients suffering from pulmonary tuberculosis admitted for treatment	Adult Males	5	15	12	3	5
	Adult Females	3	9	5	3	4
	Children	—	—	—	—	—
	Total	8	24	17	6	9
Number of patients suffering from non-pulmonary tuberculosis admitted for treatment	Adult Males	2	2	1	—	3
	Adult Females	—	2	2	—	—
	Children	1	2	1	1	1
	Total	3	6	4	1	4
Grand Total	.....	11	30	21	7	13

VI.—VENEREAL DISEASES.

Treatment is carried out by the Staff of the Medical Officer's Department, female cases being dealt with by the female assistant medical officer. Bacteriological examinations are carried out at the Liverpool University.

During the year, 81 males and 119 females were treated at the centre and made a total of 4,681 attendances. No case required in-patient treatment. Table 24 gives further particulars regarding these cases.

Table 25 shows the number of new cases dealt with at the centre since 1923. It will be noted that there was a slight increase during the year in both syphilis and gonorrhoea and that the increase is in males. There was also a considerable increase in the number of non-venereal cases who attended (54 cases in 1933 as compared with 34 in 1932), and in this case the increase was mostly in females.

It is satisfactory to note that there has been an appreciable increase in the number of attendances of gonorrhoea cases in both sexes for intermediate treatment. This is a most important part of the treatment of these cases as treatment at home is never satisfactory.

Table 24.

Record of work carried out at or in connection with the Venereal Diseases Centre during 1933.

	Syphilis		Soft Chancre		Gonorrhoea		Conditions other than Venereal		Totals		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Totals
nber of cases on 1st uary under treatment bservation	9	23	—	—	11	28	—	2	20	53	73
nber of cases removed n the register during previous year which rned during the year er report for treatment bservation of the same ction	1	4	—	—	2	—	—	1	3	5	8
nber of cases dealt with he first time during the under report (ex- ive of cases under n 4)	6	11	—	—	30	18	19	32	55	61	116
nber of cases dealt n for the first time ing the year under ort known to have ived treatment at other tres for the same in- ion	1	—	—	—	2	—	—	—	3	—	3
of Items 1, 2, 3 and 4.....	17	38	—	—	45	46	19	35	81	119	200
mber of cases dis- rged after completion treatment and final s of cure (see Item 15)	2	2	—	—	13	7	19	30	34	39	73
mber of cases which sed to attend before pletion of treatment.	7	13	—	—	8	13	—	—	15	26	41
mber of cases which sed to attend after com- tion of treatment but ore final tests of cure	—	—	—	—	—	—	—	—	—	—	—
mber of cases trans- red to other centres or institutions, or to care private practitioners	2	3	—	—	5	4	—	—	7	7	14
mber of cases remain- under treatment or servation on 31st Dec- ber	6	20	—	—	19	22	—	5	25	47	72
s of Items 5, 6, 7, 8 and	17	38	—	—	45	46	19	35	81	119	200
mber of cases of sy- ilis included in Item 6 ich failed to complete e course of treatment	1	5	—	—	—	—	—	—	1	5	6
mber of attendances— (*a*) for individual atten- tion of the medical officers	145	297	—	—	353	114	22	55	520	466	986
(*b*) for intermediate treatment, e.g., irri- gation, dressing	5	—	—	—	2310	1377	3	—	2318	1377	3695
L ATTENDANCES	150	297	—	—	2663	1491	25	55	2838	1843	4681

Table 24—continued.

	Syphilis		Soft Chancre		Gonorrhoea		Conditions other than Venereal		Totals	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
12. In-patients :— (*a*) Total number of persons admitted for treatment during the year	—	—	—	—	—	—	—	—	—	—
(*b*) Aggregate number of "in-patient days" of treatment given	—	—	—	—	—	—	—	—	—	—

	Under 1 year		1 and under 5 years		5 and under 15 years		15 years and over		Totals	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
13. Number of cases of congenital syphilis in Item 3 above classified according to age periods	—	1	—	—	—	5	1	1	1	

TABLE 25.

Number of Cases of Venereal Diseases dealt with for the first time during the years 1923 to 1933.

Year	Syphilis		Soft Chancre		Gonorrhoea	
	Males	Females	Males	Females	Males	Females
1923	18	11	—	—	34	2
1924	19	15	—	—	30	9
1925	14	29	1	—	26	4
1926	36	40	2	—	33	9
1927	32	39	4	—	42	14
1928	44	26	3	—	62	11
1929	22	25	2	—	55	14
1930	16	32	1	—	40	14
1931	6	13	—	—	22	16
1932	3	11	—	—	24	21
1933	7	11	—	—	32	18

VII.—SUMMARY (for reference) of Nursing Arrangements, Hospitals, and other Institutions available for the district.

HOME NURSING.—The St. Helens and District Nursing Association, supported by voluntary contributions, maintain a superintendent, assistant superintendent and seventeen nurses to attend non-infectious cases in their own homes. 3,593 cases were nursed during the year, the total number of visits amounting to 103,334.

Arrangements are in operation for the Association to undertake for the Corporation the home nursing of cases of ophthalmia neonatorum, puerperal fever and puerperal pyrexia, and cases of measles and whooping cough in children under 5 years of age. Under these arrangements the district nurses made, during the year, a total of 1,970 visits to 42 cases of measles, 5 cases of ophthalmia neonatorum, 14 cases of whooping cough, 11 maternity cases, and 6 other cases.

MIDWIVES.—No district midwives are employed or subsidised by the public health authority. In exceptional cases, however, where the patient has been unable to do so by reason of poverty, the Council have paid the midwife's fee.

CLINICS AND TREATMENT CENTRES.—The following clinics and treatment centres are provided by the Corporation :

(1).—**Maternity and Child Welfare Centres**—Combined clinics for expectant and nursing mothers and for children under 5 years of age.

(a) Town Hall Centre.....Open, Monday, Wednesday and Thursday, 2 to 4 p.m. For North and South Windle, Hardshaw, Derbyshire Hill and Parr Districts.

(b) Albion Street Clinic .....Open Tuesday and Friday, 2 to 4 p.m. For North and South Eccleston and Central Districts.

(c) Elizabeth St. Clinic .....Open Tuesday, 2 to 4 p.m. For Peasley Cross and Sutton Districts.

(d) Gartons Lane Clinic Open Wednesday, 3 to 4 p.m. For Marshalls Cross, Sutton Manor and Clock Face Districts.

(e) West Street Clinic .....Open Thursday, 3 to 4 p.m. For Thatto Heath District.

(2).—**Ante-natal Clinics**—For ante-natal cases only.

(a) Town Hall Centre .....Tuesday, 2 to 4 p.m., and Friday, 2 to 4 p.m.

(b) Elizabeth Street Maternity and Child Welfare Centre .....Thursday, 10 to 11 a.m.

(c) Gartons Lane Centre Wednesday, 2 to 3 p.m.

(d) West Street Centre .....Thursday, 2 to 3 p.m.

(3).—**Gynæcological Clinic.**—For diseases or disablements associated with child-bearing.

Town Hall Centre.....Tuesday, 11 to 12 noon.

(4).—**School Clinic, Claughton Street.**—For treatment of minor ailments, throat and nose defects, eyes and dental defects and the X-ray treatment of ringworm. Minor ailments are treated daily from 9 a.m. to 5 p.m. (Saturdays 9 a.m. to 12 noon) and other defects on special days. A scale of income has been drawn up for recovery of cost of treatment in non-necessitous cases.

District Clinics for the treatment of minor ailments are also open for a few hours daily at Derbyshire Hill, Sutton, Sutton Manor and Thatto Heath, and, after school dental inspection, Dental Clinics are held at Sutton, Sutton Manor and Thatto Heath for varying periods.

(5).—**Tuberculosis Dispensary, Claughton Street.**—Open Monday from 10 to 11-30 a.m., Wednesday from 5-30 to 7-0 p.m., Thursday from 3 to 4-30 p.m., and Friday from 10 to 11-30 a.m. and from 6 to 7 p.m.

(6).—**Venereal Diseases Centre, Claughton Street.**—Open for males on Monday, 5-30 to 7 p.m., and for females, Wednesday, 5-30 to 7 p.m. The centre is also open daily from 9 a.m. to 5 p.m. on Monday to Friday, and to 12 noon on Saturday, for irrigation, advice and prophylactic treatment.

(7).—**Orthopaedic Clinic.**—At the Maternity and Child Welfare Centre, Albion Street. Orthopaedic Surgeon attends on 2nd and 4th Wednesdays of each month, from 2 p.m. to 4 p.m. Intermediate treatments are given by the orthopaedic nurse four days per week at Albion Street Clinic, and one day per week at the Elizabeth Street, Gartons Lane, and West Street Maternity and Child Welfare Centres.

HOSPITALS.—

Provided by the Council :—

(1)—Borough Isolation Hospital, Peasley Cross. For Infectious Diseases (other than smallpox). Beds : 94. Resident staff : matron and 23-25 nursing staff. Admissions and discharges are under the control of the Medical Officer of Health, but patients are treated by their own medical practitioners. The Corporation provide specialist services in necessitous cases when required. Cases also admitted from the Haydock Urban District Council. A separate pavilion is reserved for cases of puerperal fever and puerperal pyrexia and for cases of ophthalmia neonatorum, and a small ward is reserved for cases of venereal disease.

(2)—Eccleston Hall Sanatorium. For Pulmonary and convalescent or non-active Non-Pulmonary Tuberculosis. Total Beds : 70. Resident Staff : One medical officer, sister-in-charge and 15 nursing staff. Non-resident female teacher. Orthopaedic surgeon visits periodically. Cases not exceeding four in number are admitted from the Lancashire County Council.

(3)—The St. Helens Maternity and Child Welfare Hospital, Cowley Hill. For Maternity cases and for Ailing and Debilitated Children. Beds : maternity, 15 ; ailing and debilitated children, 22. Resident staff : medical officer, matron, and 15 nursing staff.

Subsidised by Council :—

(1)—Sankey Smallpox Hospital for cases of smallpox. St. Helens pays an annual retaining fee to the Warrington Corporation and the costs of treatment of any patient admitted from St. Helens.

(2)—Whiston Infirmary, Prescot. Transferred from the Prescot Board of Guardians to the Lancashire County Council under the Local Government Act, 1929.—Total Beds available (including maternity and mental) : 706, divided approximately :—

Medical	243
Surgical	62
Children	100
Maternity	25
Tuberculosis	60
Mental	216
	706

The hospital has an up-to-date X-Ray installation and artificial sunlight apparatus. There is one resident medical officer and one non-resident, with a visiting oculist, visiting dentist and visiting orthopaedic surgeon, while the medical superintendent has authority to call in any specialist or consultant assistance if he wishes. The pathological work is carried out at the County Mental Hospital, Rainhill. The infirmary is used almost entirely for the reception of Poor Law cases, though a small percentage of private cases is admitted. By an arrangement with the Lancashire County Council, all Poor Law cases from St. Helens are admitted to this Institution.

(3)—An average of 8 beds is also retained at the Leasowe Open-Air Hospital for Children and 4 at Delamere Sanatorium, and in-patients are sent to other hospitals or institutions as required.

Other Hospitals.—*The St. Helens Hospital.*—Supported partly by subscribers and partly by contributions. For all medical and surgical non-infectious cases. Also 17 beds for maternity cases. Total accommodation about 135 beds. Out-patient department for Ophthalmic, Ear, Throat and Nose, and Gynaecological cases.

The Providence Free Hospital.—Accommodation for about 130 patients (general medical and surgical cases).

Ambulance facilities.—For infectious cases, two ambulances are maintained by the Corporation at the Peasley Cross Isolation Hospital. Both general hospitals maintain ambulances and these are used as required. The Police also maintain an ambulance for street accident cases.

VIII.—MATERNITY AND CHILD WELFARE.

NOTIFICATION OF BIRTHS.—Under the Notification of Births Acts, 2,023 live births and 123 still-births were notified during the year. For these, 1,985 notifications were received from midwives and 161 from doctors. The total number of births belonging to St. Helens for the year was 1,939 as compared with 2,160 in 1932, and the birth rate for the year was 18.0 per 1,000 of the population as compared with 20.1 per 1,000 during 1932. The birth rate for 1933 is the lowest yet recorded for the borough.

INFANT MORTALITY.—During 1933, 1,939 births were registered for St. Helens, and the deaths of 224 infants under one year of age occurred, giving an infant mortality rate of 115.5 per 1,000 births as compared with 89.4 for the previous year. Of the 224 deaths under one year, 217 were legitimate children and 7 illegitimate children, giving a legitimate infant mortality rate of 114.5 per 1,000 legitimate births and an illegitimate infant mortality of 159.1 per 1,000 illegitimate births. The infant mortality for England and Wales was 64 per 1,000 births, and for the 118 County Boroughs and Great Towns 67 per 1,000 births.

The principal causes of the deaths in 1933 were as follows :—

Congenital debility, malformations and premature birth	92
Pneumonia	48
Bronchitis and other respiratory diseases	16
Whooping Cough	17
Diarrhoea, etc.	11
Other Digestive Diseases	10
Tuberculosis	3
Influenza	6
Due to Violence	3
Other Causes	18
	224

The following statement reviews the infant death rates per 1,000 births under the principal causes in the years 1928 to 1933.

	Infant Mortality per 1,000 Births.					
	1928	1929	1930	1931	1932	1933
Congenital Debility, malformation and premature birth	44.49	39.39	39.27	41.32	42.59	47.44
Pneumonia, Bronchitis and other respiratory diseases	24.53	32.32	17.07	19.74	25.00	33.01
Measles and Whooping Cough	6.65	7.53	2.99	3.21	—	8.77
Diarrhoea, etc.	7.90	6.65	4.26	3.67	7.41	5.67
All other Diseases	14.97	27.89	16.21	20.21	14.35	20.63

The ages at which these deaths occurred during the past five years are shown in the following statement :—

	Infant Mortality per 1,000 Births.				
	1929	1930	1931	1932	1933
Deaths under 1 day old	15.05	13.23	16.99	14.83	14.44
Deaths 1 to 7 days old	13.28	13.23	13.77	14.83	15.47
Deaths 1 to 4 weeks old	15.05	14.08	10.56	9.72	15.47
Total mortality under 1 month old, *i.e.*, neo-natal deaths	43.38	40.54	41.32	39.38	45.38
Deaths 4 weeks to 3 months old	15.05	10.67	11.02	19.91	19.03
Deaths 3 to 6 months old	18.15	13.65	13.33	10.65	18.57
Deaths 6 to 12 months old	37.19	14.94	22.48	19.44	32.49

The Infant Mortality for St. Helens for 1933 is the highest recorded since 1919 and is 16.1 points higher than that for 1932. From the above statements it will be seen that this increase is mainly in the two age periods 3 to 6 months old and 6 to 12 months old and is mainly attributable to the increase in the number of deaths from pneumonia and whooping cough. During 1933 there were severe epidemics of whooping cough, measles and influenza—diseases which always exact a heavy toll of infant life. 17 deaths attributable to whooping cough, 6 to influenza and 48 to pneumonia are recorded. No doubt many of the deaths attributed to pneumonia were really attributable to unrecorded whooping cough or influenza. Further, though no deaths are recorded as directly due to measles, the number of infants who were attacked was large (159 cases of measles in children under one year of age were notified) and the devastating effect of this disease on infant life is so great that the resistance of the children so infected would be so lowered as to make them especially susceptible to other diseases.

It is interesting to note that, though St. Helens had in 1933 the highest infant mortality of all the 17 County Boroughs in Lan-

cashire, more than half of these boroughs also experienced an increase in their infant mortality rate last year.

STILL BIRTHS.—The number of still births registered during the year was 123. Of these, 3 belonged to other districts and 1 which occurred in another district belonged to St. Helens, so that the total number belonging to St. Helens was 121. All the still births occurring in the borough were notified under the Notification of Births Acts.

The following statement shows the number of still births for St. Helens during the past six years compared with the number of live births and expressed as a percentage of the total live and still births.

Year	No. of Live Births.	No. of Still Births.	Total Births.	No. of Still Births expressed as a percentage of the Total Births.
1928	2405	105	2510	4.2
1929	2259	107	2366	4.5
1930	2343	108	2451	4.4
1931	2178	103	2281	4.5
1932	2160	104	2264	4.6
1933	1939	121	2060	5.9

Special enquiries are made into all still births that occur and, from such enquiries into the 123 cases notified in St. Helens during 1933, the cause of still birth in these cases would appear to be as follows, viz. :—

Condition in Mother.		Condition in Child.	
Renal disease	18	Prolapse of cord	15
Placenta praevia	10	Prematurity	12
Accidental haemorrhage	14	Monstrosity	12
Difficult labour	12	Malpresentation	9
Cause not known	11		
Anaemia	4		
Syphilis	3		
History of injury, e.g. fall	3		
	75		48

MATERNAL DEATHS.—During 1933, 11 deaths were registered as resulting from diseases or accidents of pregnancy and childbirth, giving a maternal mortality rate of 5.34 per 1,000 live and still births. The corresponding mortality rate for 1932 was 3.97. Table 26 shows the maternal mortality since 1911.

The special investigations into all maternal deaths commenced some years ago at the request of the Ministry of Health are being continued locally. In the course of these investigations last year it was found (as in previous years) that the number of maternal deaths as given in the Registrar General's returns did not include all deaths occurring during pregnancy or parturition. This resulted from failure to indicate the pregnancy on the death certificate, and four further deaths were discovered in which no doubt the pregnancy had considerable bearing on the fatal issue. These had been registered as (1) mitral disease, (2) acute uraemia and chronic nephritis, (3) acute influenzal pneumonia, and (4) nephritis, bronchitis, and influenza. If these deaths be included, the total number of maternal deaths in St. Helens during 1933 is increased to 15, giving a true maternal mortality rate of 7.3 per 1,000 live and still births as compared with a corresponding rate of 4.4. per 1,000 in 1932.

TABLE 26.

Maternal Mortality.

Year	No. of Live Births	No. of women registered as dying from diseases and accidents of pregnancy and child birth.	Maternal Mortality per 1,000 live births.	Maternal Mortality per 1,000 live and still births.
1911	3247	10	3.08	—
1912	3137	6	1.91	—
1913	3199	9	2.81	—
1914	3357	17	5.06	—
1915	2966	16	5.39	—
1916	2599	9	3.46	—
1917	2217	10	4.51	—
1918	2435	13	5.34	—
1919	2687	18	6.7	—
1920	3334	17	5.1	—
Average for years 1911/1920	—	—	4.3	—
1921	3059	15	4.9	—
1922	2813	11	3.91	—
1923	2615	3	1.14	—
1924	2628	17	6.47	—
1925	2630	14	5.32	—
1926	2561	11	4.29	—
1927	2359	8	3.39	—
1928	2405	11	4.57	—
1929	2259	13	5.75	—
1930	2343	12	5.12	—
Average for years 1921/1930	—	—	4.5	—
1931	2178	7	3.21	3.07
1932	2160	9	4.17	3.97
1933	1939	11	5.67	5.34

The following statement gives further particulars regarding each of the maternal deaths during 1933, together with the true causes of death.

No.	Age	Number of pregnancy	Home Conditions	General Health	Ante-natal supervision	Remarks
1	40	13	Poor	Poor	Inadequate	Difficult labour due to pelvic tumour.
2	34	2	Comfortable	Poor	Nil	Mitral disease. Doctor not called in until pregnancy well advanced. Removed to hospital too late.
3	34	3	Comfortable	Poor	Satisfactory	Had recurrent attacks of acute rheumatism. Death due to endocarditis and influenza—confinement 2 days previous.
4	32	4	Good	Fair	Satisfactory	Influenzal broncho pneumonia.
5	36	3	Comfortable	Good	Inadequate	Patient refused ante-natal examination by midwife and would not attend ante-natal clinic. Death due to cardiac failure following a difficult delivery.
6	40	7	Poor	Poor	Inadequate	Placenta praevia. Warning haemorrhage ignored by patient.
7	39	16	Poor	Poor	Nil	Eclampsia. Removed to hospital too late.
8	23	2	Poor	Poor	Nil	Pelvic peritonitis following abortion.
9	32	4	Poor	Poor	Nil	Post partum shock.
10	30	3	Comfortable	Poor	Nil	Chronic nephritis. Pregnancy caused acute uraemia.
11	20	1	Poor	Fair	Nil	Eclampsia. No advice sought early. Removed to hospital too late.
12	41	6	Comfortable	Poor	Inadequate	Advice sought too late. Eclampsia.
13	33	4	Poor	Poor	Inadequate	Eclampsia.
14	33	3	Comfortable	Good	Nil	Post partum haemorrhage due to lacerated uterus.
15	36	5	Comfortable	Poor	Satisfactory	Continued ill health for 4 years. Nephritis and bronchitis—confinement 12 days previous.

In investigating these cases particular attention was paid to the question of ante-natal supervision. It will be seen from the above statement that this was considered satisfactory in only three cases, in 5 it was considered inadequate, and 7 patients received no ante-natal supervision at all.

INFECTIOUS DISEASES IN MOTHERS AND CHILDREN.—

Puerperal Fever and Puerperal Pyrexia.—2 cases of puerperal fever and 12 cases of puerperal pyrexia were notified, and 1 death was registered as occurring from puerperal sepsis. The corresponding figures for 1932 were 6 cases of puerperal fever and 3 cases of puerperal pyrexia, with 2 deaths.

The subsequent diagnoses of the 14 cases notified were as follows :—

Pelvic infection	6
Puerperal fever following abortion	1
Phlegmasia alba dolens	1
Constipation	1
Pneumonia	2
Pulmonary tuberculosis and puerperal mania	1
Anaemia	1
Bronchitis	1
	14

The fatal case was one of pelvic peritonitis following an abortion occurring spontaneously at three months, and demonstrates the potential gravity of such a termination of pregnancy.

For these cases beds are available at the Borough Isolation Hospital and, by arrangement with the District Nursing Association, home nursing can be supplied on request.

Of the cases notified, 10 were treated at the Isolation Hospital and 3 were nursed at home by the district nurses. The case of phlegmasia alba dolens occurred in one of the nursing homes in the borough and was removed to the Hospital for Women in Liverpool for treatment, the patient not being a resident of St. Helens. The patient with puerperal mania was admitted to the Isolation Hospital in the first instance ; she was later transferred to the Whiston Infirmary and later to the Winwick Mental Hospital.

The services of the Consultant Obstetrician are available for these cases and his advice was sought on two occasions.

Ophthalmia Neonatorum.—6 cases were notified during the year. One case was treated at the Isolation Hospital, and five cases were treated at home under the Council's arrangements with the District Nursing Association. All recovered with vision unimpaired.

Pemphigus.—14 cases of pemphigus neonatorum were notified during the year by midwives practising in the borough. Investigation of the cases showed that 13 of the cases occurred in the practice of one midwife, and immediate steps were taken to check the outbreak. The midwife was suspended from practice for fourteen days during which time her house and clothing were disinfected, and she purchased voluntarily two new midwifery bags to replace those previously in use. Arrangements were also made

for the umbilical pads used in this midwife's practice to be sterilised by the department. These measures were successful in preventing further cases in her practice.

Treatment at the Borough Isolation Hospital was provided for 6 of the cases and 5 other cases were nursed at home under the Council's arrangements with the District Nursing Association.

One of the cases occurring during the epidemic died.

Measles and Whooping Cough.—159 cases of measles in children under 1 year old and 1,951 cases in children aged 1 to 5 years were notified during the year. No deaths were recorded as occurring in children under 1 year of age, but 11 deaths of children aged 1 to 5 years were registered.

185 cases of whooping cough were notified in children under 1 year old and 849 cases in children aged 1 to 5 years. 17 deaths from this disease occurred in the former age group and 32 in the latter.

By arrangement with the St. Helens and District Nursing Association, home nursing of these cases can be carried out by the district nurses, and beds are available at the Isolation Hospital for cases requiring hospital accommodation. During the year the services of the district nurses were asked for in only 35 cases of measles and 11 cases of whooping cough, and 21 cases of measles and 29 cases of whooping cough were admitted to the Isolation Hospital.

Other Infectious Diseases.—Table 27 shows the number of cases of infectious diseases which occurred in children under 5 years of age.

Table 27.

Infectious Diseases at ages 0—1 and 1—5 years.

	1933	
	Under 1 Year.	1—5 yrs.
Scarlet Fever	1	85
Diphtheria	3	42
Pneumonia	43	141
Erysipelas	—	2
Poliomyelitis	—	8
Cerebro Spinal Fever	—	4
Whooping Cough	185	849
Measles	159	1951
Tuberculosis (Pulmonary)	—	2
,, (Non-Pulmonary)	5	13
Opththalmia Neonatorum	6	—

INSPECTION AND SUPERVISION OF MIDWIVES.—

There were 44 midwives on the register as practising in the borough during the year and the qualifications of these midwives were as follows :—

Holding the Certificate of the Central Midwives' Board	37
Having other recognised certificates	6
Untrained	1

In addition to the above, 9 midwives are employed at the Council's Maternity and Child Welfare Hospital and 5 midwives are employed in the Maternity Block of the St. Helens Hospital. The matrons of both these institutions are also qualified midwives.

Inspections of midwives were carried out on 120 occasions by medical officers, and the health visitors paid 67 routine and 69 special visits for purposes of inspection and supervision. In 9 instances it was considered necessary to suspend a midwife from practice for 24 hours after contact with an infectious case to allow of the disinfection of herself and her appliances.

During the year the private midwives found it necessary to call medical practitioners to their assistance on 474 occasions. The reasons for sending and the number of occasions in which medical assistance was required were as follows :—

Number of cases attended by private midwives	1,547	
Number and percentage in which medical assistance was obtained	474	(30.6%)
Reasons for medical assistance :—		
(a) For abortions and premature labours	39	(2.5%)
(b) For ante-natal illnesses	33	(2.1%)
(c) For difficult labour	197	(12.8%)
(d) For suturing the perineum, expelling the placenta, excessive haemorrhage, etc.	109	(7.0%)
(e) For post-natal illnesses	43	(2.8%)
(f) For the child	53	(3.4%)

There has been a slight decrease in the percentage of cases in which medical aid was sought by the midwives in 1933. This decrease was mainly in cases in which a doctor was called in for

" difficult labour " and, though in part indicating the benefit of antenatal supervision in removing abnormalities, also indicates better midwifery. There has been occasion previously to draw attention to a tendency to hasten labour unduly and a decrease in this practice is to be welcomed.

During the financial year 1933-34, £673/3/0d. was paid to medical practitioners for these services, and £221/4/0d. was recharged to the patients.

PROVISION OF MIDWIVES.—Though no district midwives are directly employed or subsidised by the public health authority, the whole or part of the fee of the midwife in attendance is paid in exceptional cases where the patient is unable to pay by reason of poverty. Owing to the industrial depression and the very large number of persons who have now lost their insurance benefit, this service is increasing rapidly. During 1933 the whole or part of the midwife's fee was paid in 67 instances and the amount expended was £62/4/0d.

HEALTH VISITING.—The following statement shows the visits paid by health visitors during the year.

To expectant mothers :—	
(a) First visits	396
(b) Subsequent visits	289
To infants under one year :—	
(a) First visits	1,956
(b) Subsequent visits	12,707
To children, aged one to five years	20,956
Total Visits	36,304

MATERNITY AND NURSING HOMES.—During the year another private nursing home was placed on the register and there are now four maternity homes registered in St. Helens under the Nursing Homes Registration Act, 1927. These have been periodically inspected and found to be satisfactory.

During the year 58 maternity cases were delivered in these homes.

Exemption from the provisions of the Act was granted by the Local Authority under Section 6 to the St. Helens Hospital and the Providence Free Hospital. In the maternity block of the St. Helens Hospital 233 cases were delivered.

MATERNITY AND CHILD WELFARE AND ANTE-NATAL CLINICS.—Combined clinics for expectant and nursing mothers and for children under 5 years of age are conducted at eight sessions weekly at five centres, and special ante-natal clinics are held five times weekly at four centres. Arrangements have been made during the current year for an ante-natal clinic to be held in the Girls' Institute, Parr, thus relieving expectant mothers in that district of the fatigue of travelling to the Town Hall Centre.

The attendances at these clinics during 1933 are shown in Table 28.

TABLE 28.

Attendances at Maternity and Child Welfare, Ante-Natal and Gynaecological Clinics.

1930—1933.

	1930	1931	1932	1933
Maternity and Child Welfare Centres.				
1. Expectant Mothers :				
Number attending	266	250	196	128
No. of attendances	1165	886	773	576
2. Children :				
(a) Number who attended for the first time during the year and who, on the date of their first attendance, were :—				
(i) under 1 year of age	1364	1438	1413	1168
(ii) between the ages of 1 and 5 years	674	581	603	578
(b) Percentage of notified births represented by the number in 2 (a) (i)	56.62	65.27	63.85	57.73
(c) Number who attended and at the end of the year were—				
(i) under 1 year of age	†	†	1152	907
(ii) between the ages of 1 and 5 years	†	†	1633	1531
(d) No. of attendances by children—				
(i) under 1 year of age	22641	24549	26733	24322
(ii) between the ages of 1 and 5 years	4416	2600	2866	3228
Ante-natal Clinics.				
No. of expectant mothers attending	1119	1078	990	954
No. of attendances by expectant mothers	3975	3959	4274	4195
Percentage of total notified births (live and still) represented by the number of expectant mothers who attended either the Maternity and Child Welfare Centres or the Ante-natal Clinics	57.5	57.6	51.2	50.4
***Gynaecological Clinic.**				
No. of Mothers attending	—	21	117	154
No. of attendances	—	41	374	510

† Figures not available.

* Clinic opened 6th October, 1931.

The decrease in the number of children attending and in the total number of attendances of children under 1 year of age was due to the high incidence of infectious diseases throughout the year. There was also, mainly for the same reason, a decrease in the number of children between the ages of 1 and 5 years who attended.

It is estimated that there are in St. Helens approximately 8,000 children between 1 and 5 years of age and, though approximately 400 attend nursery classes and are under the supervision of the School Medical Service, the small percentage of the remainder who attend the centres for regular medical supervision is a serious gap in the service. Even when they do attend the ordinary child welfare clinics their claims are apt to be overshadowed by the claims of infant brothers or sisters. As mentioned in my last Report, therefore, I would strongly suggest the provision of special " toddlers' " clinics so that the health of these children could be efficiently supervised and many of the defects found on entering school avoided.

Though some expectant mothers still prefer as a matter of convenience to attend the combined clinics, the special ante-natal clinics give much better opportunity for regular medical supervision and for any special examinations required. During the year, 954 expectant mothers attended the special ante-natal clinics whilst 128 attended at the combined clinics, making a total of 1,082 mothers coming up for ante-natal supervision and advice. This represents approximately 50.4% of the total notified births during 1933. The number of mothers who attended during their first pregnancy was 272.

It is also found that mothers are realising more fully the wisdom of visiting the ante-natal clinics in the early months of pregnancy. This is seen by comparing the months of pregnancy when patients first attended the ante-natal clinics during 1933 with the corresponding

figure for 1932. The months of pregnancy when patients first attended are given below as percentages of the total number of cases attending.

	1932	1933
2nd month	4.6%	8.9%
3rd ,,	6.5%	9.7%
4th ,,	10.3%	14.3%
5th ,,	19.2%	15.6%
6th ,,	17.7%	21.1%
7th ,,	19.7%	15.2%
8th ,,	13.3%	12.2%
9th ,,	8.7%	3.0%

Among 954 mothers attending ante-natal clinics abnormalities requiring correction or treatment were discovered in 222 cases (23.3%). These abnormalities were :—

Contracted pelvis	31
Albuminuria	92
Cardiac disease	30
Hyperemesis gravidarum	31
Abnormal presentation	28
Exophthalmic goitre	6
Tuberculosis	4
	222

During 1933 a series of lectures on diets was given at the Albion Street Maternity and Child Welfare Centre and at the Town Hall Ante-Natal Clinic. These lectures were organised by the National Milk Publicity Council and were well attended and appreciated by the mothers.

Though there is no special post-natal clinic, advice regarding post-natal conditions is frequently given to mothers attending the maternity and child welfare clinics. Cases in which there is any reason to suspect abnormality or where more active treatment is required are referred to the Gynaecological Clinic.

GYNAECOLOGICAL CLINIC.—During the year, 62 post-natal patients attended the Gynaecological Clinic for examination and advice. 28 of this number required treatment for debility and anaemia, 4 were cases of albuminuria persisting after delivery and thus needing further treatment, and 5 had minor displacements of the uterus following parturition. The remaining 25 patients were considered to have recovered completely.

In addition to the above, 35 displacements of the uterus were dealt with, 5 being referred to hospital for operative treatment and the remainder being treated at the Clinic. 6 patients with menopausal symptoms and 2 with thyroid insufficiency also attended for advice and treatment, and 5 cases referred by the Public Assistance Committee were measured for surgical appliances. 3 cases of hernia were referred to their own doctors for admission to hospital for surgical treatment. 1 case of adenoma of the breast and 1 of papilloma of the breast were referred for operation, as were also 2 cases of lacerated cervix and 2 of uterine fibroids. 1 case of cancer of the uterus was referred to the Liverpool Hospital for Women for radium treatment. 1 case of infantile uterus and 1 of visceroptosis attended for examination and advice. 23 patients were found to be ante-natal and were transferred to ante-natal clinics and 3 cases of tuberculosis and 6 cases of venereal disease attended and were referred to their respective clinics.

At this clinic instruction in birth control methods is given when in the opinion of the medical officer in charge further pregnancy would be seriously detrimental to the health of the patient.

3 such cases received instruction during the year. 2 of these patients had very nearly lost their lives through nephritis in recent pregnancies and the third had advanced tuberculosis.

The services of the Council's Consultant Gynaecologist are available for patients attending this Clinic. During 1933, 14 patients were referred to him and in 7 of these operations were performed by him. The other patients who were referred for operation were admitted to one of the local hospitals under their contributory schemes.

SUNLIGHT CLINIC.—Two sessions are held weekly at the Artificial Sunlight Clinic and, during 1933, 131 children made 2,043 attendances for treatment. This clinic is an important adjunct in promoting healthier childhood and the cases treated have shown definite response to the effects of the mercury vapour lamp and the condition of the children has been materially improved. It cannot be stated too often, however, that exposure to these artificial sun rays is only part of the treatment and, unless attention is given by parents to carrying out the advice given regarding nutrition and general hygiene, satisfactory results cannot be obtained.

The largest number of children attending were rachitic children. There were 66 such children, of whom 45 were discharged much improved, 3 had to be admitted to hospital for special dietetic treatment, 13 ceased to attend owing to concurrent illnesses and 5 ceased to attend because of removal from the borough.

Debility and malnutrition was the reason for the attendance of 31 children and, of these, 18 were discharged cured, in 9 their condition was markedly improved, while 1 was referred to hospital and 3 ceased to attend owing to illness.

8 babies who were referred for treatment because of slow gain in weight responded very well to irradiation and 7 were dis-

charged with very satisfactory gain in weight for their age. 1 case, however, did not attend long enough to obtain satisfactory benefit.

5 cases of marasmus were treated, of whom 2 were discharged cured and 1 improved under treatment, but the condition of the other two necessitated admission to hospital.

9 cases of anaemia responded well to treatment and, though 1 case of eczema did not improve with irradiation, 1 case of impetigo cleared up very quickly.

2 cases of bronchitis and 2 cases of pyloric spasm and isolated cases of ulcer on the chest wall, cervical adenitis, infantile paralysis and torticollis were all improved under treatment.

One case of infantile paralysis and one case of tubercular dactylitis were transferred to the Orthopaedic Clinic for further treatment, while one case of generalised tuberculosis which had been referred to the clinic for treatment was transferred immediately to hospital.

HOSPITAL ACCOMMODATION.—Hospital accommodation for maternity cases and for ailing and debilitated children is provided by the Council at their Maternity and Child Welfare Hospital, Cowley Hill. This hospital has 15 maternity and 22 children's beds and though only opened in May, 1931, its accommodation for maternity cases is already taxed to the fullest and it has been necessary on several occasions to utilise part of the children's accommodation for maternity cases. During the past few years the preference of mothers for confinement in hospital or nursing home has increased very considerably and appears to be still increasing. During 1931, the percentage of total (live and still) births registered in St. Helens that occurred in hospital or nursing home was 26.4%, in 1932 it was 29.2%, and in 1933, 29.5%. It is still increasing during the current year. Of the total registered births during 1933, 15.9% occurred in

the Council's Maternity Hospital, 10.9% at the St. Helens Hospital, 2.7% in midwives' private nursing homes, and 70.5% in the patients' own homes. The benefits derived from confinement in an institution are enormous. Apart from the additional safety resulting from the continuous presence of a trained medical and nursing staff and the aseptic conditions under which delivery in hospital can be carried out, the rest and the freedom from worry of household matters are of the greatest benefit to the mother, and appreciated by her enormously. At the Council's hospital, not once but many times, have the mothers stated that never again would they be confined at home.

On the maternity side of the Council's hospital, 408 cases were admitted during the year, which, with 11 cases remaining in the hospital from the previous year, brought the total number of cases dealt with during 1933 to 419. The number of cases delivered during the year was 336, of which 311 were delivered by the nursing staff and 25 by doctors. 10 of the deliveries were by Cesarean section and in 18 cases induction of labour was performed for various reasons. The average duration of stay of all cases was 11.4 days.

The majority of the cases are admitted by the hospital ambulance at the commencement of labour, but pregnant women suffering from such conditions as albuminuria, serious heart disease, etc., are admitted as occasion demands. During the year there were 25 admissions previous to labour for these reasons.

There were 4 maternal deaths in the hospital during the year, the causes of death being :

1. Myocarditis, post-partum shock, and dystocia due to uterine shock.
2. Endocarditis and influenza.
3. Eclampsia.
4. Acute uraemia due to chronic nephritis of small white kidney type.

Infant deaths numbered 38, of which 29 were still born. The causes of the other 9 infant deaths were :

Prematurity due to placenta praevia	3
Prematurity due to influenza in mother	1
Prematurity due to Cretinism in mother	1
Intra-cranial haemorrhage	4
	9

On the children's side of the hospital 78 cases were dealt with during the year, including 19 cases which were remaining in hospital on the 1st January. Table 29 gives a summary of the children dealt with during the year, and Table 30 shows the reasons for admission.

TABLE 29.

General summary of the cases admitted to the Children's Wards of the St. Helens Maternity and Child Welfare Hospital during 1933.

ospital 1st 1933	Number of Admissions during year	Average duration of stay in days	Number of Cases Discharged				Deaths	Number of Cases of Infectious Diseases			
			No improvement.	Improved.	In Good health.	Transferred to other Hospitals		Measles.	Whooping Cough.	Epidemic Diarrhoea	Scarlet Fever.
9	59										
78		110	2	6	47	*3	10	—	—	—	—

* 1 transferred to Royal Liverpool Children's Hospital.
1 ,, ,, Southport Convalescent Home.
1 ,, ,, Leasowe Open-Air Hospital for Children.

Table 30.

Table showing the reasons for admission of Children to the St. Helens Maternity and Child Welfare Hospital during 1933.

Reason of Admission	Number
Rickets	8
Bronchitis	2
Marasmus	5
Debility	17
Malnutrition	12
Tubercular Spine	1
Tubercular peritonitis	2
Gastro enteritis	4
Phlyctenular conjunctivitis	1
Broncho pneumonia	2
Prematurity	2
Hydrocephalus	1
Paralysis following poliomyelitis	1
Anaemia	1
	59

CONSULTANT SERVICES.—The services of a Consultant Obstetrician and Gynaecologist are available for any cases in which special difficulty is experienced. He acts as Consultant Surgeon to the Council's Maternity Hospital and to all the Clinics and, under the Council's arrangements for the treatment of puerperal fever and puerperal pyrexia, his services are available to medical practitioners requiring specialist opinion in such cases.

The services of the Council's other consultant officers, e.g. the Ophthalmic Surgeon, the Throat and Nose Surgeon, and the Orthopaedic Surgeon, are also available and employed when required for any cases under the Maternity and Child Welfare Scheme.

MILK FOR MOTHERS AND INFANTS.—At all the clinics and centres full cream dried milk and chocolate milk are on sale at cost price or are available at less than cost price for necessitous cases. Cases in receipt of relief from the Public Assistance Committee are, when so requiring it, recommended to that Committee for the supply of extra nourishment.

During the year approximately 378 cwt. of milk were disposed of, and, of this, 66 lbs. were issued free and 40,504 lbs. at less than cost price.

Cod Liver Oil Emulsion, Malt and Oil, and Virol are also provided at the centres at cost price or free in suitable cases.

STERILE MATERNITY OUTFITS.—With the object of reducing the risk of puerperal sepsis in mothers confined at their own homes, sterile maternity outfits containing the necessary swabs, pads, etc., are available for issue at the low cost of 3/-. Though these outfits would be of the greatest value in making conditions for the confinement at home nearer to the standard of surgical cleanliness obtainable in hospital, very little use is made of this service, and only 9 outfits were sold during 1933. The chief reason appears to be the cost and the Committee will have to consider whether it would not be advisable to sell them at an even greater loss than at present.

MATERNITY BAGS.—Maternity Bags containing sheets, nightgowns, baby clothing, etc., were issued on loan to 20 cases during the year.

MINOR AILMENTS AND DENTAL DEFECTS.—During the year, 6 children received treatment for minor ailments, and 228 mothers and 144 children received dental treatment at the school clinic. Mothers in need of dentures are supplied with these at cost price.

CRIPPLED CHILDREN.—A complete record of the work of the Orthopaedic Clinic is given in Table 31 in the Orthopaedic section of the Report.

From that Table it will be seen that under the Maternity and Child Welfare Service 182 crippled children under 5 years of age were dealt with. This involved 208 attendances to see the orthopaedic surgeon, and 1,244 attendances for intermediate treatment. 11 cases were admitted to orthopaedic hospitals for operation or other surgical treatment. The cases dealt with comprised the following defects :—

Infantile paralysis	20
Other forms of paralysis	20
Rickets	49
Congenital deformities	17
Traumatism	8
Acquired foot deformities	41
Arthritis, hip	2
Miscellaneous	25

INFANT LIFE PROTECTION.—The provisions of Part V of the Children and Young Persons Act, 1932, which came into operation on the 1st January, 1933, amended in various respects Part 1 of the Children Act, 1908, relative to the protection of children who are boarded out with foster parents for reward. The most important change is the extension of the age of the children affected from seven to nine years. The Act further requires that, except in case of emergency, notice must be given to the Local Authority before children are received.

Particulars are given in the following statement of the administration of the Acts in St. Helens during the year.

Number of persons on the Register who were receiving children for reward at 31/12/1933	14

Number of children—

(a) On the Register at 1/1/1933		15
(b) Admitted to the Register during the year		5
(c) Removed from the Register during the year—		
(i) Left the Borough	1	
(ii) Legally adopted	1	
(iii) Returned to relatives	4	
	—	6
(d) Who died during the year		none
(e) On the Register at 31/12/1933		14

The children were inspected regularly throughout the year by the health visitors and all were found to be well cared for and living under satisfactory conditions.

IX.—ORTHOPAEDICS.

The scheme for the prevention and treatment of crippling defects commenced in 1926 as a combined scheme of the tuberculosis, maternity and child welfare, and school medical services, remains in essential details as when first started. The cases are mainly discovered through the various health visiting and clinic services of these services, though frequently cases are referred by general medical practitioners either for consultation or for treatment. The Orthopaedic Surgeon sees the cases at the out-patient clinic at the Albion Street maternity and child welfare centre on the second and fourth Wednesdays of each month, and massage and remedial treatment are given daily by the orthopaedic nurse. In-patient treatment is provided at the Royal Liverpool Children's Hospital or the Leasowe Open-Air Hospital for Children. Tuberculous cases requiring less active

in-patient treatment are sometimes admitted to Eccleston Hall Sanatorium and rachitic cases requiring dietetic treatment are frequently admitted to the maternity and child welfare hospital.

The intermediate treatments by the orthopaedic nurse are mainly given at the Albion Street centre, though, owing to the difficulty in securing attendances from outlying districts, it has been found necessary for her to attend at the Elizabeth Street, Gartons Lane, and West Street maternity and child welfare centres once weekly. She also gives treatments once weekly at the Hamblett Open-Air Council School and visits Eccleston Hall Sanatorium as required.

A record of the work carried out is shown in Table 31.

As a centre for orthopaedics, the Albion Street Centre has become quite inadequate for the purpose. More commodious premises are required where proper remedial exercise classes could be held and a splint room and plaster room provided. These deficiencies could best be met if, as has been so often suggested, entirely new premises were provided to house all the health clinic services under one roof. By so doing, the orthopaedic clinic would benefit by having at its service, for example, the advantage of the X-ray plant and artificial sunlight installations of the Tuberculosis Dispensary.

The present orthopaedic scheme only deals with cases up to the age of 16 years. Tuberculous cases over that age revert to the care of the Tuberculosis Dispensary, and, though during the current year arrangements have been made for increasing the number of hospital beds available for such cases, there is at present no organised scheme for dealing with either these or other cripples after the age of 16 years. I would suggest that the orthopaedic scheme be ex-

nded now to include the older tuberculous cripple, and the question f provision for other cripples at the older ages could be considered t a later date.

The provision of splints for all except tuberculous and hospital ases is undertaken by the St. Helens Invalid and Crippled Children's id Society. This Society also does most excellent after-care work nd is invaluable in arranging for extra nourishment, holidays, etc.

I am indebted to Mr. Bryan McFarland, the orthopaedic urgeon, for the following report on the working of the scheme uring the past eight years.

" For eight years there has been an orthopaedic scheme in St. Helens. It is perhaps as well to explain what is meant by 'orthopaedic'. Although originally orthopaedic surgery dealt only with the correction of deformities in children, it has come to mean the surgery of the locomotive system. It has a wider scope than merely the correction of deformities and is concerned with the prevention of any defect in the proper use of the limbs and spine. These defects and deformities arise from various causes. They may be due to conditions operating before or during birth, so that a child is born with a defect or a deformity. The greater part of these defects can be cured, and most easily, if the child is brought under the care of the orthopaedic surgeon at a very early age. Later in life one of the most prevalent causes of crippling is infantile paralysis. As the name implies, this disease is a paralysis occurring during infancy. It starts as a fever ; it is infectious ; the actual paralysis is often at first widespread ; and unless treatment is early and adequate permanent crippling results. The paralysis is always exaggerated by faulty posture or misguided treatment. The value of the St. Helens scheme in this connection was very strongly brought out in the recent epidemic. Owing to the presence of the orthopaedic nurse at the clinic, it was not necessary

to admit all cases to hospital as immediate splinting and muscle treatment could be started at the clinic. It was perfectly amazing to see the results which were obtained. Children with whole limbs paralysed eventually recovered completely. Quite apart from the human aspect, this has an economic application in saving the town from buying splints and apparatus for years and in producing a happy self-supporting citizen.

It would be possible to multiply indefinitely these examples of the beneficial effects of the scheme. Rickets, if detected early and given adequate treatment, can be cured without the occurrence of deformity. Here again is a vast saving to the town.

Cases of tuberculosis of one of the bones or joints requiring hospital treatment are admitted to the Leasowe Open-Air Hospital for Children, where the disease is arrested and convalescence is commenced. On discharge the child attends the clinic regularly under the orthopaedic nurse and is also seen at regular intervals by the orthopaedic surgeon. He sees that no deformity occurs, that there is no recurrence of the disease, and that the child is handicapped as little as possible in view of the disease from which it has suffered.

If a case of some obscurity presents itself, the child can be admitted to the Myrtle Street Branch of the Royal Liverpool Children's Hospital, where investigations and tests can be carried out by the orthopaedic surgeon or with the collaboration of other specialists. This introduces a most important point in the St. Helens scheme. The orthopaedic surgeon who sees the cases at the clinic is the same surgeon who operates on them in hospital. He controls their in-patient treatment and he lays down the lines on which they must be cared for after their discharge.

After-care is a most important activity of the orthopaedic clinic. It is not a question only of giving massage or fitting splints, it entails seeing that the cases carry out instructions designed to continue and augment their active in-patient treatment. It will be clear how important it is that the surgeon who operates should design and control the after-care, so that from the minute the child presents itself at the clinic, whether it be a fracture, a child with rickets, or a child with curvature of the spine or tuberculous disease of the hip, that child is under the care of one surgeon until it is discharged cured, not from the hospital only but after years of supervision in the clinic. The importance of this continuity of policy and personal care cannot be exaggerated.

Important as the work of the orthopaedic nurse and surgeon may be, their efforts would be fruitless but for the loyal, willing and untiring assistance rendered by the Crippled Children's Aid Society. The work of these assistants in seeing that instructions are carried out, in helping with splints, and in generally assisting the cripple in his or her efforts to overcome their disability, cannot be too highly praised."

Table 31.

Record of work under Orthopaedic Scheme during the year 1933.

	Cases of Tuberculosis	Maternity and Child Welfare Cases	Non-tubercular School Children
Number of Cases dealt with during the year	52	182	432
Number who ceased to attend or attended for Consultation only	5	27	56
Number Discharged Cured or Improved	4	39	67
Died	1	1	—
Cases transferred to Education Account	3	43	—
Cases transferred to Tuberculosis Account	—	—	2
Number of Cases remaining under Treatment at end of 1932	42	115	309
Attendances to see Orthopaedic Surgeon	84	208	403
Attendances for intermediate treatment	318	1244	3462
Visits to Homes by Orthopaedic Nurse	97	35	357
Cases treated in Royal Liverpool Children's Hospital :— Myrtle Street.....	—	9	12
Heswall	2	2	14
Cases treated in Leasowe Open-Air Hospital for Children	12	—	—
Cases treated in David Lewis' Northern Hospital	—	—	2
Cases treated in Liverpool Royal Infirmary	—	—	—
Cases treated in Eccleston Hall Sanatorium	6	—	—
Total number of days of Institutional Treatment	4110	367	1668

X.—WELFARE OF THE BLIND.

There were 191 Blind Persons on the Blind Register for St. Helens on the 1st January, 1933, and this number increased by 8 to 199 during the year. The following is an analysis of the cases on the register at the 31st December, 1933.

Age distribution :—

Age	0—5 years	—
	5—16 ,,	10
	16—21 ,,	12
	21—50 ,,	61
	50—70 ,,	55
	70— ,,	61
	Total	199

Educational and occupational distribution :—

Infant		—
Education	At School	11
	Not at school	—
Employment	Employed (Workshops or Home Workers Scheme)	25
	Employed (Working on own account)	8
	Under Training	10
	Not training but trainable	1
	Unemployable	144

All provision for the care and welfare of the local blind—with the exception of that of blind children under two years of age, and the education of children of school age and vocational training—is undertaken on behalf of the Corporation by the St. Helens and District Society for the Welfare of the Blind.

It is very satisfactory to note that all children of school age are at school, all but one of those trainable are undergoing occupational training, and all employable are in employment.

The treatment of persons suffering from disease of, or injury to the eye, and the provision of suitable glasses as a preventative of blindness is undertaken by the Council under Section 66 of the Public Health Act, 1925.

XI.—LOCAL GOVERNMENT ACT, 1929.

The administrative arrangements under the Local Government Act, 1929, were described in my Report for 1930 and remain unchanged.

Table 32 shows the number of persons in receipt of institutional relief on medical grounds on the 1st January, 1934.

Table 32.

Persons in receipt of Institutional Poor Relief on account of sickness, or bodily or mental infirmity, and rate aided persons in mental hospitals on the night of the 1st January, 1934.

Establishments in which persons were relieved.	Men	Women	Children between 3 and 16 years of age	Infants under 3 years of age	Total
(A) *In Poor Law Establishments* :—					
Whiston Infirmary :					
(*a*) Sick wards	68	35	10	3	116
(*b*) Persons suffering from mental infirmity and certified under the Lunacy Acts or the Mental Deficiency Acts	53	56	—	—	109
Swinton Homes for Mental cases	—	—	2	—	2
(B). *In Establishments not administered under the Poor Law Acts* :—					
(*a*) Establishments for persons suffering from mental infirmity, excluding persons maintained under the Lunacy and Mental Treatment Acts, 1890 to 1930, in Mental Hospitals :—					
Royal Albert Institution, ...	3	—	—	—	3
(*b*) Other Establishments for the Sick—					
Maghull Home for Epileptics	2	4	—	—	6
St. John's Institution for Deaf and Dumb, Boston Spa	—	1	—	—	1
David Lewis Epileptic Colony, Manchester	1	—	—	—	1
Liverpool Workshop for Cripples	—	1	—	—	1
Chalfont Epileptic Colony, Bucks.	—	1	—	—	1
(C). *In Mental Hospitals administered under the Lunacy and Mental Treatment Acts* :—					
Rate aided persons	110	111	—	—	221
TOTALS	237	209	12	3	461

XII.—LIST OF ADOPTIVE AND LOCAL ACTS, BYELAWS, AND LOCAL REGULATIONS AND ORDERS

relating to the public health, in force in the district.

ADOPTIVE ACTS.

The Infectious Disease (Notification) Act, 1889, applied to :

(1) Ophthalmia Neonatorum, by Order of the Local Government Board, which came into force on the 7th April, 1910.

(2) Acute Poliomyelitis and Cerebro Spinal Fever, by Order of the Local Government Board, which came into force on the 19th February, 1912.

The Infectious Disease (Prevention) Act, 1890. Adopted 7th January, 1891.

The Public Health Acts Amendment Act, 1890. Parts II and III adopted 1st April, 1891. Part IV adopted 1st July, 1923. Part V adopted 24th October, 1894.

Public Health Acts Amendment Act, 1907, Sections 78, 79, 80, 81, 85, 88, 89 and 90, put in force 1st January, 1909. Sections 19, 25, 26, 27, 29, 32, 33, 34, 35, 36, 46, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 59, 60, 61, 62, 63, 64, 66, 67, 68, 93, and 95, and Part V, put in force 23rd August, 1909.

The Public Health Act, 1925, Part II, Sections 13, 14, 15, 16, 20, 23, 25, 26, 27, 28, 30, 31, 32, and 35 ; Parts III, IV, and V, adopted 7th December, 1927, put in force on 1st February, 1928.

LOCAL ACTS with Sanitary Clauses.

The St. Helens Improvement Act, 1869.
The St. Helens Corporation Act, 1893.
The St. Helens Corporation Act, 1898.
The St. Helens Corporation Act, 1911.
The St. Helens Corporation Act, 1921.
The St. Helens Corporation Act, 1933.

ADAPTATION OF LOCAL ACTS.

The Borough of St. Helens (Adaptation of Local Acts) Order, 1930, made by the Minister of Health, for bringing certain provisions of the local Acts into conformity with the provisions of the Public Health Act, 1925.

The Ministry of Health Provisional Orders Confirmation (St. Helens and York) Act, 1931 ; confirming the St. Helens Order, 1931 as to Tuberculosis.

The Ministry of Health Provisional Orders Confirmation (No. 1) Act, 1928, repealing and altering certain sections of the St. Helens Improvement Act, 1869, and the St. Helens Corporation Acts, 1893, 1898, 1911, and 1921 with reference to New Streets and Buildings.

BYELAWS.

Byelaws as to Nuisances, confirmed by the Home Office, 11th May, 1870.

Byelaws with respect to Nuisances made by the Council on the 1st October, 1930.

Byelaws as to Slaughterhouses, made by the Council on the 5th February, 1930.

Byelaws with respect to New Streets and Buildings in the Borough of St. Helens, made by the Council on the 5th October, 1927.

Byelaws with respect to the Drainage of Existing Buildings in the Borough of St. Helens made by the Council on 7th December, 1927.

Byelaws with respect to Tents, Vans, Sheds and similar Structures, used for human habitation made by the Council on the 28th July, 1926.

Byelaws with respect to Common Lodging Houses, made by the Council on the 2nd May, 1894.

Byelaws with respect to Houses let in Lodgings, made by the Council on the 2nd May, 1894.

Byelaws with respect to Female Domestic Servants' Registries, made by the Council on the 1st December, 1909.

Byelaws with respect to the Supply of Water, made by the Council on the 6th June, 1900.

Byelaws with respect to Cisterns, Waterclosets and Urinals, made by the Council on the 1st February, 1922.

Byelaws as to Spitting, made on the 2nd August, 1911.

REGULATIONS.

Regulations as to Public Abattoir and Cold Air Stores, made by the Council on the 2nd May, 1906.

The Borough of St. Helens (Notification of Measles, German Measles and Whooping Cough) Regulations, 1915, made by the Minister of Health on the 22nd June, 1915.

ORDERS—SHOP ACTS.

General Weekly Half-Holiday Order, made on the 7th August, 1912.

Weekly Half-Holiday Extension Order (Butchers and Chemists) made on the 4th December, 1912.

Closing Order (Motor, Cycle and Aircraft dealers) confirmed by the Home Secretary on the 30th January, 1913.

Closing Order (Tailors, etc. Shops) confirmed by the Home Secretary on the 10th December, 1915.

XIII.—INSPECTION AND SUPERVISION OF FOOD.

MEAT AND OTHER FOODS.—There is a municipal abattoir with cold store attached. The present premises were built in 1895 and, though additions and alterations have been made since, further improvements are necessary to bring them up to date. One of the most important alterations required is the reconstruction and enlargement of the pig slaughtering hall which should be so designed that the pig after stunning is hoisted and then travels along a bleeding rail to the scalding tank and thence to the dressing rail. The killing and dressing rooms should also be separate from each other.

On the cattle and sheep side there is great need for proper storage accommodation for hides and for fodder. Further, for more efficient supervision of the meat supply there should be a special room for the temporary detention of suspected meat and better provision for the isolation of condemned meat. As the present tendency is towards the establishment of centralised slaughterhouses, it is possible that in the near future St. Helens would provide accom-

modation for slaughtering for an area considerably larger than the borough itself. If such centralisation should take place it is essential that the St. Helens Abattoir be modernised and I would suggest, therefore, that the Committee consider at an early date the desirability of carrying out the improvements indicated.

An improvement carried out during the current year which will vastly improve the sanitary conditions at the Abattoir is the abolition of the old open middenstead. The manurial refuse is now collected in closed containers which when full are removed on an under-carriage by the contractor and replaced by similar empty containers. By this method there is no disturbance of the manure at the Abattoir after it has been placed in the container and, as the containers are kept closed, nuisance from flies is obviated.

The butchers using the Abattoir employ their own slaughtermen and up to the end of 1933 these were licensed yearly by the Corporation. With the passing of the Slaughter of Animals Act, 1933, which came into force on 1st January, 1934, all slaughtermen in slaughterhouses and knackers' yards must now be licensed and licenses granted are available throughout England and Wales during the period for which they are issued. The St. Helens Council decided to limit the licenses granted to one year and have granted licenses under this Act to 23 slaughtermen employed at the Abattoir and to 3 slaughtermen employed in a private slaughterhouse.

A further provision of the Act of 1933 requires that animals in slaughterhouses and knackers' yards are to be stunned before slaughter by a mechanically operated instrument. This requirement does not apply to sheep unless the Local Authority apply it by resolution. This it is proposed to do, so as to bring procedure under the Act into agreement with the local byelaws under which stunning of all animals (including sheep) by mechanically operated instruments has been compulsory since February, 1930. At present captive bolt pistols are used but with the modernising of the Abattoir already

referred to I would suggest the installation of electrical methods of stunning. Though a recent development, this method has, so far as the stunning of pigs and sheep is concerned, passed the experimental stage and is coming into more general use. It is easy to manipulate and cheap to use, and I am informed that the appearance and keeping quality of the meat are considerably improved.

In addition to the Abattoir there is only one private slaughter-house in the borough. This is licenced for the slaughter of pigs only and the licence comes up for review yearly. During the year, 237 visits for inspection purposes were made and no infringements of the Byelaws with respect to Slaughterhouses or of the Public Health (Meat) Regulations, 1924, were found.

Table 33 shows the number of animals slaughtered and the approximate weight in pounds of meat found diseased.

Table 33.

Number of Animals slaughtered and amount of diseased meat condemned during the year, 1933.

	Abattoir.				Private Slaughterhouses.			
	Number of Animals Slaughtered.	No. of Animals found diseased		Weight in lbs. of Meat Condemned	Number of Animals Slaughtered.	No. of Animals found diseased		Weight in lbs. of Meat Condemned
		Tuberculosis	Other diseases.			Tuberculosis	Other diseases.	
Beasts	3874	462	977	82245	—	—	—	—
Calves	214	—	3	113	—	—	—	—
Sheep	1343	—	12	43	—	—	—	—
Pigs	4904	152	253	6766	2221	166	102	2993

The inspection and supervision of all meat at the Abattoir is carried out by the Superintendent who is a qualified meat inspector. The inspection and supervision of all other food in the borough and

of the premises in which it is prepared or sold is undertaken by specialist Food Inspector.

As mentioned in my Report of last year the St. Helens Corporation Act, 1933, has strengthened the powers of control and supervision of food supplies. Under this Act all premises used for the preparation or manufacture of potted, pressed, pickled or preserved meat, fish or other food intended for purposes of sale must be registered with the Corporation. By such registration these premises can be kept under better supervision. It was not found possible to carry out the registration during 1933 but this is being proceeded with during the current year.

Further powers obtained under the 1933 Act are (a) power to make byelaws in regard to transport or exposure of food for sale and (b) the registration of storage accommodation used by hawkers of meat. No byelaws have yet been made but steps are being taken during the current year to secure the registration required by meat hawkers.

During 1933, 3,826 visits were made by Inspectors to shops, stalls and vehicles and places where food is prepared or stored, as compared with 3,376 during 1932. The following is a brief summary of the work covered by these visits. Further details are given in the appropriate sections of the Report :—

Premises.	Visits	No. of offences against Acts, Orders &c.	No. of nuisances or defects found	No. of nuisances or defects remedied after service of notice
Private Slaughter-houses	237	—	—	—
Fried Fish shops	118	—	—	—
Fishmongers and Greengrocers	905	41	4	4
Butchers shops	1191	30	2	2
Ice Cream shops	190	—	11	11
Bakehouses	303	—	31	31
Tripe Boilers	191	—	—	—
Food Preparing and Storing Places	686	—	2	2

The following are the quantities of various classes of foodstuffs which were condemned during the year owing to being diseased or unsound :—

Meat	92,160 lbs.
Fish	753 ,,
Poultry, Game and Rabbits.....	8 ,,
Danish Maws	168 ,,

Sale of Food Order, 1921—*Labelling of Imported Meat*—Though this Order requires all imported meat exposed for sale to be definitely marked "imported" and though repeated prosecutions have been taken by the Department in past years for offences against the Order, instances are still repeatedly found where the Order is either ignored or not properly complied with. This is a serious fraud on the public. The average housewife is not competent to distinguish between imported and home killed meat and where the imported meat is not marked may easily buy imported under the impression that she is buying home killed meat.

During 1933 it was found necessary to institute legal proceedings in five instances and fines ranging from 10/- to £5 were imposed.

Public Health (Meat) Regulations, 1924.—Eleven offences against these Regulations were found during the year. The offences consisted of :—

	No. of Offences
1. Failure to protect meat from contamination by street dust	5
2. Premises not kept in a cleanly condition	1

	No. of Offences
3. Unsuitable premises used for the storage of meat	1
4. Unsuitable receptacle for the storage of trimmings and refuse	2
5. Sanitary convenience communicating directly with room where food is stored or prepared for sale	1
6. Room not adequately ventilated	1

Though some offences may be due to ignorance or even to some slackness on the vendor's part, no excuse should avail for the person who keeps his premises in a filthy condition or allows his meat to be covered with a distinct film of street dust—frequently manurial in composition.

Legal proceedings were taken in one instance of failure to protect meat from contamination and a fine of £2 was imposed. The remaining offences were dealt with by verbal and written warnings.

Agricultural Produce (Grading and Marking) Act, 1928.—More use is now being made in St. Helens than formerly of the special trade designations allowed by the above Act defining the quality of agricultural produce, but there is still considerable scope for improvement in this direction.

There are no premises registered for the cold or chemical storage of eggs.

Merchandise Marks Act, 1926.—The Orders which have so far been made under the Merchandise Marks Act, 1926, in regard to foodstuffs are :—

Order.	Relating to
The Merchandise Marks (Imported Goods) No. 3 Order, 1928	Honey. Fresh Apples.
The Merchandise Marks (Imported Goods) No. 5 Order, 1928	Currants, Sultanas, Raisins. Eggs in Shell. Dried Eggs. Oat Products.
The Merchandise Marks (Imported Goods) No. 4 Order, 1929	Raw Tomatoes.
The Merchandise Marks (Imported Goods) No. 5 Order, 1930	Malt products, namely Malt Extract, Malt Flour, Malt Extract and Cod Liver Oil and Malt Extract blended with any other product so that Malt Extract comprises more than 50 per cent by volume of the whole.
The Merchandise Marks (Imported Goods) No. 8 Order, 1931	Imported frozen or chilled salmon or imported frozen or chilled sea trout or any imported salmon or sea trout which has been subjected to any process of freezing or chilling prior to importation.
The Merchandise Marks (Imported Goods) No. 1 Order, 1932	Butter.

These Orders require that any classes of foodstuffs to which they relate shall on importation, on exposure for sale, and when sold in quantities exceeding 14 lbs. in weight, be clearly marked with an indication of origin.

Owing to the number of prosecutions in previous years, these Orders are now being more generally complied with, and in no instance was it necessary to institute legal proceedings. In two instances warnings were given by the Committee.

MILK SUPPLY.—At the close of the year there were registered under the Milk and Dairies (Amendment) Act, 1922, and the Milk and Dairies Order, 1926 :—

8 persons as cowkeepers and wholesale and retail purveyors of milk ;

2 persons as cowkeepers and wholesale purveyors of milk ;

7 persons as cowkeepers and retail purveyors of milk ;

370 persons as purveyors of milk ; and

80 premises as cowsheds or dairies.

A total of 966 inspections was paid by the sanitary inspectors to the cowsheds, dairies and milkshops during the year. Approximately 200 cows are kept for dairy purposes within the borough, and these were regularly inspected by the veterinary inspector.

Despite the very satisfactory progress made in clean milk production since the first Clean Milk Competition in St. Helens, it was decided to hold a further competition in 1933. It was considered that though many of the older competitors are now well versed in the methods of clean milk production, the competitions are still of value in maintaining interest and enthusiasm and in encouraging

the more backward producers to attain a higher degree of efficiency. Further, it is anticipated that in the near future a National Scheme of Accredited Milk Producers will be inaugurated. Under such a scheme certain standards of cleanliness would be laid down and producers reaching that standard would get increased prices for their milk. If a scheme on these lines did come into effect the Clean Milk Competitions held in St. Helens will have been of great value in enabling local producers to conform to the requirements without difficulty.

The third competition as in previous years was limited to producers of non-graded milk and, as in the previous year, was also open to producers in areas adjoining St. Helens who were retailing milk in the borough. In 1933, 10 producers in the borough and 6 in the Lancashire County Area entered the competition, but two of the borough competitors subsequently ceased milk production and retired.

The following is an excerpt from the judge's report on the competition :

> " On the whole the farms visited gave every evidence of a sound inculcation of the principles of clean milk production and a slow but sure improvement in applied technique. This in a number of cases was very pronounced in comparison with my visits of two years ago.
>
> One of the worst features noticed was the water supply. To produce clean milk it is imperative that an ample supply be available at all times. The high temperature of the water varying from 60° F to 68° F was more likely to induce souring than proper cooling of the milk."

This inability to cool milk adequately during the summer months is a serious difficulty with which local milk producers have to contend, and to this fact must be attributed the comparatively high bacterial counts of a number of the competitors during the abnormally hot weather experienced during the period of the competition.

Arrangements were again made during 1933 for the Lancashire County Agricultural Staff to carry out advisory work in St. Helens in connection with milk production. These services include periodic visits to all milk producers in the borough, and the giving of advice not only in clean milk production but also in the feeding and general care of the cow.

Milk (Special Designations) Order 1923.—The following licences were granted during the year under the Milk (Special Designations) Order, 1923 :—

Producers Licence to sell milk as " Grade A."	3
Licence to sell milk as " Certified "	1
Pasteurisers Licence to sell milk as " Pasteurised "	1

Only one infringement of the Regulations came to notice. This was a case in which a firm holding a pasteuriser's licence in another area to sell milk as pasteurised were selling milk under this designation in St. Helens without having the necessary supplementary licence. The offender was warned by the Committee.

Milk and Dairies (Consolidation) Act, 1915.—In two instances vendors were discovered selling milk on the highway from vehicles not marked with their name and address in accordance with section 6 of the Act. In one case legal proceedings were instituted and a fine of 5/- imposed, and in the other case the vendor was warned by the Committee.

Milk and Dairies Order, 1926.—Comparatively few infringements of the Milk and Dairies Order, 1926, were found during the year. Owing to the educational activities of the department in recent years, there is no doubt that milk producers and dairymen in St. Helens now realise that the unsatisfactory methods of production and distribution which have been general in the past have not only retarded any increase in the consumption of liquid milk, but have also resulted in serious losses to the trade.

Though the present standard of production and distribution can now be regarded as very satisfactory there is still room for improvement in some respects.

While many milk producers now use the covered type of milking pail there are others who still cling to the old-fashioned form of open container, and the reluctance of many producers to the clipping of cows has not been entirely overcome. It is impossible to emphasise too strongly the improvement in the cleanliness and keeping quality of milk which has been effected when these improvements have been adopted.

Most of the dairies and dairyfarms in the town are now provided with some form of sterilising equipment, varying from the simple but efficient improvised copper-steamer to the more elaborate

sterilisers supplied by firms specialising in dairy outfits. A number of dairymen, however, do not yet realise the importance of first rinsing the milk vessels with cold water in order to prevent that coagulation of the milk albumin on the sides of the vessel which renders subsequent sterilisation less effective.

Owing to the high temperature of the St. Helens water-supply during the summer months a number of farmers and dairymen have installed some form of artificial cooling plant. The value of this method of cooling is beyond question, but until some less expensive form of artificial cooler can be devised, the installation of this type of equipment is not practicable for the smaller trader.

It is pleasing to note that the proportion of milk distributed in bottles during the past year has increased very considerably.

This is undoubtedly the ideal method, but with this form of distribution the question of efficient sterilisation becomes increasingly important, as milk bottles returned from a house in which infectious disease exists and which have been imperfectly sterilised might lead to the spread of infection.

Bacteriological Examination of Milk.—In the routine examination of milk supplies 84 samples were sent for examination for the presence of tubercle bacilli by guinea pig inoculation tests. In addition, a further 9 samples taken in suspected cases or in following-up previous samples were examined. Dealing only with

the 84 routine samples and deducting from them 2 samples in respect of which the guinea pigs died too soon for a definite diagnosis to be made, positive evidence of tubercle bacilli was found in 9 samples (11.0%). This is slightly lower than the corresponding percentage for the previous year (11.8%) but higher than the average throughout England and Wales (approximately 7%).

Table 34 shows the percentages of infected samples and the areas of production of the samples examined during the past four years.

Like all other towns, a very considerable proportion of the milk consumed in St. Helens is produced in other areas, so that St. Helens is very largely dependent on these areas for the freedom or otherwise of its milk supply from tubercle infection. Therefore, unless all areas insist on frequent periodic veterinary inspection of all dairy cattle in conjunction with systematic bacteriological examination of milk samples, there is little hope for any material reduction in tubercle infected milk. Further, the sample of pasteurised milk which proved positive last year shows the danger of always accepting pasteurised milk as safe.

In addition to examination for tubercle bacilli, 33 samples of milk were examined during the year for bacterial count and the presence of bacillus coli. This examination is a measure of the cleanliness or otherwise of the milk production, the presence of bacillus coli indicating particularly manurial contamination. The results of these examinations are shown in Table 35.

TABLE 34.

Tubercle Bacilli in Milk.

Areas of production of samples examined.

Area	Year	No. of routine samples examined	No. of samples in respect of which the guinea pig died too soon for a definite diagnosis to be made	No. of samples in respect of which a definite diagnosis was made	Samples shewing positive evidence of tubercle bacilli	
					Number	Percentage
St. Helens	1930	13	2	11	2	18.1%
Lancashire C. C.		26	1	25	4	16.0%
Cheshire C.C.		28	—	28	4	14.3%
* Pasteurised		—	—	—	—	—
Total		67	3	64	10	15.6%
St. Helens	1931	4	—	4	—	0.0%
Lancashire C. C.		24	1	23	1	4.3%
Cheshire C. C.		64	—	64	1	1.6%
* Pasteurised		—	—	—	—	—
Total		92	1	91	2	2.2%
St. Helens	1932	27	—	27	2	7.4%
Lancashire C.C.		29	1	28	6	21.4%
Cheshire C.C.		34	—	34	3	8.8%
* Pasteurised		4	—	4	—	0.0%
Total		94	1	93	11	11.8%
St. Helens	1933	15	—	15	1	6.7%
Lancashire C.C.		33	—	33	6	18.2%
Cheshire C.C.		30	2	28	1	3.6%
* Pasteurised		6	—	6	1	16.6%
Total		84	2	82	9	11.0%

* As the pasteurised milk was mixed milk from several areas the area of production of the samples examined was unknown.

TABLE 35.

Bacterial Counts in Samples of Graded and Ungraded Milks.

		No. of bacteria per c.c.				Presence or absence of colon bacilli.						
							Present in					
No. of Samples	Grade	Under 30,000	30,000 to 100,000	100,000 to 200,000	Over 200,000	Absent in 1 c.c.	1 c.c.	1 10 c.c.	1 100 c.c.	1 1,000 c.c.	1 10,000 c.c.	1 100,000 c.c.
15	Pasteurised	10	4	—	1	5	6	1	2	—	—	1
14	Grade A.	12	2	—	—	4	—	5	4	—	1	—
4	Ungraded and Untreated	2	2	—	—	1	—	—	3	—	—	—

Under the Milk (Special Designations) Order, 1923, Grade A milk must not contain more than 200,000 bacteria per c.c. and colon bacilli must be absent in 1/100 c.c. Pasteurised milk must not contain more than 100,000 bacteria per c.c. There is no bacterial standard for ungraded milk.

FOOD AND DRUGS (ADULTERATION) ACT, 1928, etc.—Food and Drugs (Adulteration) Act, 1928.—During the year, 331 formal samples and 92 informal samples were taken for analysis.

The natures of the samples taken, with the results of examination by the Public Analyst, are shown in Table 36.

Table 36.

Number of samples taken under the Food and Drugs (Adulteration) Act, 1928, during 1933, and results of analysis by the Public Analyst.

ARTICLE	Number of Samples Taken		Number Genuine		Number Adulterated	
	Formal	Informal	Formal	Informal	Formal	Informal
Arrowroot	1	—	1	—	—	—
Bicarbonate of Soda	1	—	1	—	—	—
Candied Peel	2	—	2	—	—	—
Cocoa	2	1	2	1	—	—
Coffee	3	—	3	—	—	—
Cream of Tartar	1	—	1	—	—	—
Ground Almonds	3	—	3	—	—	—
Ground Cinnamon	3	—	3	—	—	—
Ground Ginger	4	—	4	—	—	—
Jams—						
Damson	2	—	2	—	—	—
Plum	1	—	1	—	—	—
Raspberry	1	—	1	—	—	—
Strawberry	4	—	4	—	—	—
Lard	10	2	10	2	—	—
Malt Vinegar	8	3	7	3	1	—
Margarine	5	—	5	—	—	—
Mincemeat	2	—	2	—	—	—
Milk and Milk Products—						
Butter	12	3	12	3	—	—
Cheese	11	—	11	—	—	—
Cheshire Cheese	2	—	2	—	—	—
Fresh Cream	2	—	2	—	—	—
Milk	183	78	176	74	7	4
Pearl Barley	1	—	1	—	—	—
Pepper—White	5	—	5	—	—	—
Potted and Tinned Meat and Fish &c.—						
Lobster Paste	1	—	1	—	—	—
Lunch Tongue	1	—	1	—	—	—
Ox Tongue Loaf	1	—	1	—	—	—
Potted Beef and Ham	1	—	1	—	—	—
Potted Salmon	1	—	1	—	—	—
Tinned Lunch Tongue	1	—	1	—	—	—
Tinned Pilchards	1	—	1	—	—	—
Tinned Sild	1	2	1	2	—	—
Veal and Ham Paste	1	—	1	—	—	—

TABLE 36.—*Continued*

ARTICLE	Number of Samples Taken		Number Genuine		Number Adulterated	
	Formal	Informal	Formal	Informal	Formal	Informal
Raspberry Table Jelly	1	—	1	—	—	—
Rice	5	—	5	—	—	—
Sausages, &c.—						
Beef Sausage	3	—	3	—	—	—
Pork Sausage	4	—	4	—	—	—
Polony	1	—	1	—	—	—
Sweets—						
Buttered Brazils	—	1	—	1	—	—
Everton Toffee	1	—	1	—	—	—
Honey & Butter Toffee	1	—	—	—	1	—
Kendal Mint Sweets	1	—	1	—	—	—
Malt & Butter Fingers	1	2	—	2	1	—
Mixed Sweets	1	—	1	—	—	—
Royal Mixtures	1	—	1	—	—	—
Sago	1	—	1	—	—	—
Scotch Whisky	2	—	1	—	1	—
Self-Raising Flour	4	—	4	—	—	—
Sugar	4	—	4	—	—	—
Sultanas	1	—	1	—	—	—
Sweet Sage Herb	1	—	1	—	—	—
Tea	4	—	4	—	—	—
Tripe	2	—	2	—	—	—
Tinned Fruits &c.—						
Apricots	1	—	1	—	—	—
Golden Plums	1	—	1	—	—	—
Green Peas	1	—	1	—	—	—
Peaches	1	—	1	—	—	—
Pears	2	—	2	—	—	—
Pineapple Cubes	4	—	4	—	—	—
Red Cherries	1	—	1	—	—	—
Tomatoes	3	—	3	—	—	—
Total	331	92	320	88	11	4

The appended statement shows the action taken in the case of adulterated samples taken formally :—

(a) Legal proceedings instituted under the Food and Drugs (Adulteration) Act, 1928.

Sample No.	Article.	Adulteration and Result of Proceedings.
246	Malt Vinegar	Consisted entirely of Artificial Vinegar. Fined 10/- and costs.
272	New Milk	10% deficient in milk fat. Fined £1 and costs.
373	Malt and Butter Fingers.	Contained only 0.44% of fat. The quantity of fat present did not justify the designation "Malt and Butter Fingers." Fined £1 and costs.
374	Honey and Butter Toffee.	Contained 0.54% of fat other than Butter Fat. The quantity and nature of the fat present did not justify the designation "Honey and Butter Toffee." Fined £1 and costs.
387	Scotch Whisky	Contained 6% added water. Fined 10/- and costs.

(b) No legal proceedings instituted, but in all cases the seller was warned by the Committee.

Sample No.	Article.	Adulteration.
162	New Milk	2% deficient in milk fat.
164	New Milk	4% deficient in milk fat.
169	New Milk	2% deficient in milk fat.
170	New Milk	1% deficient in milk fat.

Examination of Milk for Dirt.—One sample of milk was specially examined for dirt and was found to contain 2.5 parts by volume of dirt per 100,000 parts of milk. The dirt consisted of ordinary dust and contained no cow dung.

The Public Health (Condensed Milk) Regulations, 1923 and 1927.—No infringements of these Regulations were found during the year.

The Public Health (Dried Milk) Regulations, 1923 and 1927.—No infringements of these Regulations were found during 1933.

Artificial Cream Act, 1929.—No premises are registered under this Act in St. Helens and no infringements were found during the year.

Ice Cream Premises.—Further powers for controlling these premises have now been obtained by Sections 133 and 134 of the St. Helens Corporation Act, 1933. These sections not only make it compulsory that manufacturers and vendors of ice cream and premises used by them must be registered with the Local Authority, but give the Local Authority power to refuse registration and to cancel registration. This marks a great improvement in the control of ice cream.

A survey of these premises has been undertaken recently and it was found that in many instances ice cream was being made under conditions which could not be regarded as satisfactory. In a number of cases the manufacture of the ice cream and the cleansing of the utensils was being carried out in sculleries or other parts of domestic premises. From the public health point of view, there is serious risk

of contamination where this practice obtains, and I am of opinion that no processes connected with the manufacture or sale of ice cream should be allowed in any premises also used for household purposes. Ice cream is a product in which milk is an important constituent, and for that reason is very liable to contamination and the conveyance of infection. The same standard should, therefore, be insisted upon in the case of ice cream premises as is required in the case of dairies.

Public Health (Preservatives in Food) Regulations.—All samples of foodstuffs submitted for analysis under the Food and Drugs (Adulteration) Act, 1928, are also examined for the presence of preservatives.

No infringement of these regulations was found during the year.

Fertilisers and Feeding Stuffs Act, 1926.—11 informal samples of fertilisers and feeding stuffs were taken under the above Act, during 1933, and were all found to be genuine.

No infringements of the Act in respect of labelling were found during the year.

Poisons and Pharmacy Act, 1908.—Two licences were again renewed during the year under Section 2 (1) of the Poisons and Pharmacy Act, 1908, for the sale of poisonous substances for use exclusively in agriculture and horticulture.

No infringements of this Act were found during the year.

BAKEHOUSES.—There are 88 bakehouses on the Register one of which is underground. Mechanical power is used in 32 instances.

308 visits of inspection were made during the year and 31 sanitary defects were found and remedied after notice being given.

DISEASES OF ANIMALS ACTS.—Tuberculosis Order, 1925.—During the year 5 notifications were received under the Tuberculosis Order, 1925, of cattle within the borough suspected to be suffering from tuberculosis. Of these, 3 were discovered by the Council's Veterinary Inspector and 2 were discovered as a result of the routine bacteriological examination of milk in St. Helens. In one instance the animal died before it could be slaughtered, and, in the other 4, slaughter was carried out by the Council at the Public Abattoir and evidence of tuberculosis was found on post-mortem examination.

The total compensation paid to the owners of the animals was £12/10/0 and the net amount of salvage recovered by the Corporation from the sale of hides, etc. was £3/8/9. In one instance, in addition to the compensation paid to the owner, the Corporation also paid to him the sum of 16/1, which was the amount by which the proceeds of the salvage of the carcase had exceeded the ordinary amount of compensation.

Particulars relative to the animals slaughtered, the form of the suspected disease, and the classification of the stage of the disease as revealed at the post-mortem examination, are given in the following summary :—

Description	Form of Suspected Disease.	Classification of the disease at post-mortem examination.
Cow in Milk	Tuberculosis with chronic cough.	Not advanced.
do.	Giving tuberculous milk	Advanced.
do.	Tuberculosis with chronic cough.	do.
do.	do.	do.

Anthrax.—No case of Anthrax was reported during the year.

Swine Fever.—24 cases of suspected Swine Fever were reported during the year. In no instance was the disease confirmed by the Ministry of Agriculture.

XIV.—SANITARY CIRCUMSTANCES OF THE AREA.

WATER.—The water supply is from deep wells and boreholes in new red sandstone at Eccleston Hill, Whiston, Knowsley, Kirby, and Melling, supplemented by a supply from the Liverpool Corporation Rivington Main, and water from coal measures at Collins Green.

The water is of a high degree of purity, though hard. The total hardness is reduced from 22.6 degrees to 10.5 by a softening process before distribution.

The new pumping station in Sutton Road for dealing with the water from Collins Green was opened in September and, as well as providing an additional source of supply, has also been a means of improving the existing supply in the Sutton district and in the centre of the town by considerably increasing the pressure. The town's sources of supply were unaffected by the drought but, owing to reduction in the bulk supply purchased from Liverpool and increased claims on the town's supply from manufacturers owing to the failure of their private supplies, economy in the use of water became essential.

RIVERS AND STREAMS.—The position outlined under this heading in previous Reports is substantially unchanged.

SEWERS AND SEWAGE DISPOSAL.—The position in regard to sewerage and sewage disposal remains very unsatisfactory. Undoubtedly the question is a very difficult one in St. Helens owing to the damage caused to sewers through subsidence due to mining. With the increasing number of houses being built in various parts of the borough, however, solution of the problem should be hastened. As pointed out in previous Reports, very large volumes of sewage are passing into canals or streams untreated and are not only causing nuisance but are a serious danger to health. It is satisfactory to report that during 1933 a scheme for dealing with the sewage from the Sutton Manor district was approved, and it is hoped that the necessary work will commence at an early date. The scheme involves the construction of a separate sewage purification installation for that district and, when completed, will remedy what has been a long standing complaint. Other points where pollution is occurring should now be tackled.

Another problem to which attention should be given is the provision of sewers for districts which are being developed for housing. Houses are being erected in districts where there are no sewers and in too many instances septic tanks for each pair of houses are being installed. With further building there will develop districts with many small septic tanks. Continuous supervision of these will be difficult and eventually serious nuisance will arise.

CLOSET ACCOMMODATION.—During the year, 22 tub and pail closets were converted to the fresh water carriage system. It is estimated that there are still 474 houses with privy middens and 187 houses with tub and pail closets, and there are in addition 58 pail closets and one privy midden at various schools and works.

Many of the closets to be converted are either in areas which are now being dealt with by means of clearance schemes or are

attached to individual unfit houses which will shortly be demolished under the Housing Act, 1930. There will, therefore, be a considerable reduction in their number when the present slum clearance programme has been completed.

The conversion of other closets cannot be undertaken at the present time owing to the lack of adequate sewers, but it is hoped that this obstacle will, in some measure, be overcome in the near future.

Table 37 shows the number of conversions completed each year since 1904.

Table 37.

The number of conversions to the water carriage system completed each year since 1904.

Year	Privies	Tub and pail closets	Total
1904	69	67	136
1905	80	64	144
1906	47	19	66
1907	237	125	362
1908	243	24	267
1909	106	38	144
1910	179	33	212
1911	270	129	399
1912	301	691	992
1913	460	646	1,106
1914	691	976	1,667
1915	300	380	680
1916	57	112	169
1917	45	103	148
1918	18	21	39
1919	148	142	290
1920	284	369	653
1921	75	198	273
1922	45	350	395
1923	132	367	499
1924	160	685	845
1925	82	278	360
1926	39	238	277
1927	69	264	333
1928	219	229	448
1929	121	103	224
1930	29	95	124
1931	37	118	155
1932	14	3	17
1933	—	22	22

SCAVENGING.—The removal and disposal of house refuse is carried out by the Borough Engineer's Department. There are no refuse disposal works. Approximately three-quarters of the house refuse in the borough is tipped at the Parr Depot, the remainder being tipped on land situate in Merton Bank Road.

During 1933, 348 ashpits were abolished and 387 galvanised metal dustbins were provided as compared with 640 and 723 respectively for the previous year.

It is hoped to present to the Health Committee at an early date a scheme for the abolition of all the fixed ashpits in the borough.

As pointed out in previous Reports, these ashpits cannot be considered to be a satisfactory means of storing house refuse. Further, the adoption of a standard dust receptacle throughout the town will facilitate the collection of house refuse.

SANITARY INSPECTION OF THE AREA.—The total number of visits paid by sanitary inspectors during the year was 34,337. The nature of these inspections is shown in Table 38, and Table 39 contains a list of the notices served and the results of such notices.

TABLE 38.

Number and nature of inspections during 1933.

Complaints of Nuisances.

Number of Complaints Investigated :—	
1. Housing Defects	746
2. Choked and Defective Drains	352
3. Emission of Smoke	5
4. Accumulations of Offensive Matter	33
5. Miscellaneous	110

Inspections re Sanitation and Food Supply.

Dwelling Houses inspected	3034
Common Lodging Houses	421
Houses-let-in-lodgings	238
Common yards, back-roads and passages	830
Horse-manure middensteads	51
Fried Fish Shops	118
Fishmongers and Greengrocers	905
Butcher's Shops	1,191
Ice Cream Shops	190
Factories	388
Workshops	636
Bakehouses	308
Workplaces	26
Offensive Trades	191
Private Slaughterhouses	237
Food Preparing and Storing Places	686
Places of Public Entertainment	153
Tents, Vans and Sheds	261
Schools	30
Testing Drains :—	
By Smoke	114
By Water	413
By Coloured Water	15
By Breaking Down	57
Ashes Receptacles	2,402
Dairies, Cowsheds and Milkshops	966
Samples of Milk procured for :—	
Chemical Analysis	261
Bacteriological Examination	93
Bacterial Content	80
Sediment	39
Samples of Other Food and Drugs under the Food & Drugs (Adulteration) Act, 1928, etc.	162
Samples of Fertilisers and Feeding Stuffs	11
Samples of Sewage for Analysis	4
Conversions	229
Samples of Water procured	7
Insufficient Water Supply	16
Smoke Observations	19
Visits to Glass Works (Straw Sterilization)	33
Enquiries *re* Broker's Licences	10
Visits to work in progress (P.H. Acts, Housing Acts, Conversions, etc.)	14,534
Rag Flock Acts	—
Sanitary Accommodation in Shops	—
Rats and Mice (Destruction) Act	46
Miscellaneous Visits	4,932
	34,337

TABLE 39.

Sanitary Defects—Number of notices served during 1933, and results.

Subject of Notice	Preliminary Notices	Statutory Notices	Number complied with	Number outstanding at end of year	Prosecutions
Ditches requiring cleansing	2	—	2	—	—
Defective drains	226	30	230	3	—
Insufficient surface water drainage	1	—	1	—	—
Choked drains	163	28	163	—	—
Insufficient closet accommodation	3	—	2	2	—
Absence of proper sink	140	14	141	1	—
Conversion of trough closets to water closets	—	—	—	—	—
Defective water closets	111	31	114	—	—
Defective pail closets	23	1	23	—	—
Defective privy middens	8	1	4	4	—
Defective gullies and dishstones	151	22	151	2	—
Defective sink waste pipes	320	61	313	13	—
Defective W.C. cisterns and flushing fittings	166	28	161	10	—
Defective urinals	1	—	1	—	—
Defective soil pipes	—	1	—	—	—
Sink waste pipes connected with drains	—	—	—	—	—
Yards and passages unpaved	18	—	13	10	—
Defective yard paving	315	66	323	2	—
Dampness arising from :—					
Defective roofs	908	177	891	45	—
Defective eavesgutters	978	178	949	39	—
Defective downspouts	467	79	446	38	—
Defective external pointing	1233	203	1209	53	—
Insufficient lighting of rooms	6	—	6	—	—
Insufficient ventilation of rooms	129	11	131	—	—
Absence of ventilated foodstores	28	—	28	—	—
Insufficient water supply	12	—	22	—	—
Defective manure middensteads	5	—	4	3	—
Dwelling houses to be whitewashed	6	—	6	—	—
Defective chimney flues	88	13	80	8	—
Defective ashpits to be repaired	180	—	180	—	—
,, ,, to be abolished	306	77	348	199	—
Galvanised Metal Dust Bins to be provided	306	77	387	77	—
Absence of ashes accommodation	49	14	39	23	—
Disused ashpits abolished	—	—	—	—	—
Defective window sash-frames and sashcords	1674	317	1678	17	—
Defective floors	833	165	847	4	—
Defective stairs	203	30	215	4	—
Defective internal plaster work	1053	205	1044	30	—
Defective fireplaces	580	106	591	—	—
Defective washboilers	406	65	415	—	—
Defective doors, cupboards, &c.	435	80	442	—	—
Defective gas pipes and fittings	98	11	102	—	—
Defective water pipes and fittings	22	7	23	—	—
Defective yard division walls	90	11	88	9	—
Dangerous and defective chimney stacks	179	35	184	—	—
Fractured internal walls	94	7	81	15	—
Defective and bulging external walls	211	35	209	14	—
Filthy condition of premises	51	1	42	11	—
Accumulation of manure or offensive matter	39	5	41	11	—
Keeping of animals, &c.	9	—	9	5	—

Table 39.—Continued.

To abate overcrowding of dwelling houses	14	—	8	8	—
Miscellaneous	598	107	619	10	—
Contraventions of :—					
Milk and Dairies Order, 1926	9	—	10	—	1
Milk (Special Designations) Order, 1923	1	—	1	—	—
Public Health (Condensed Milk) Regulations, 1923 and 1927	—	—	—	—	—
Artificial Cream Act, 1929	—	—	—	—	—
Public Health (Meat) Regulations, 1924	7	—	7	—	—
Merchandise Marks Act, 1926	41	—	41	—	1
Agricultural Produce (Grading and Marking) Act, 1928	—	—	—	—	—
Sale of Food Order, 1921	30	—	30	—	6
Public Health (Preservatives, &c. in Food) Regulations	—	—	—	—	—
Factory and Workshop Acts	13	—	15	—	—
Contraventions of Bye-laws :—					
Common Lodging Houses	—	—	—	—	—
Houses-let-in-lodgings	—	—	—	—	—
Tents, vans, sheds	—	—	—	—	—
Slaughterhouses	—	—	—	—	—
Prevention of Nuisances	15	—	16	3	2
Drainage of existing buildings	—	—	—	—	—
	13054	2299	13126	673	10

Referred to other Departments.

Choked Street Gullies, &c., reported to Borough Engineer	17
Waste Water reported to Water Department	109
Dangerous structures reported to Borough Engineer	8
Escapes of Coal Gas reported to Gas Department	75
Choked Sewers reported to Borough Engineer	24
Insufficient water supply reported to Borough Engineer	10
Unauthorised Erections reported to Borough Engineer	2
Choked Drains, etc. reported to Borough Engineer (Corporation property)	6
Unpaved Passages reported to Borough Engineer	8

During the year, 424 complaints of choked drains were made to the Department. Of this number, 293 drains were freed from obstruction by members of the staff of the sanitary department, thus obviating the necessity for serving notices upon the owners.

SMOKE ABATEMENT.—As mentioned in my Report for last year, a Regional Smoke Abatement Committee of which St. Helens is a constituent member has now been formed. This Committee, which has been called the West Lancashire and Cheshire Regional Smoke Abatement Committee, will not take over or control the administration regarding smoke abatement in the districts comprised in the area but will act in an advisory capacity.

One of the objects of the Committee is to bring about a more uniform administration in the area of the law relating to the emission of smoke. Though the Council's powers for dealing with this question cannot at the moment be considered to be adequate, it appears undesirable to seek further powers pending definite recommendations by the Advisory Committee.

It is hoped these recommendations will be forthcoming at an early date.

FACTORIES AND WORKSHOPS.—(a) Factories—4 defects remediable under the Public Health Acts were reported by H.M. Inspector of Factories, all of which were remedied during the year.

(b) Workshops—The number of workshops registered is 176 and Table 40 shows the classes of such workshops.

Table 40.

Registered workshops.

Workshops on the Register (s. 131) at the end of the year.	Number.
Dressmakers and mantle making	6
Milliners	12
Tailors	12
Hosiery Knitters	1
Joiners, builders, cabinet-makers and plumbers, etc.	24
Blacksmiths, wheelwrights, coach builders and masons	9
Weighing machine repairers	2
Cloggers and boot repairers	63
Cycle Makers	3
Tripe Dressers	2
Herbal Brewers	5
Seltzogene charge maker	1
Cab washing	2
Saddler	2
Sundries	20
Ice Cream Makers	6
Workshop Laundries	6
Total Number of Workshops on Register	176

(c) Outworkers—No lists of outworkers were received from employers during the year.

Table 41 gives particulars of the administrative action taken under the Factory and Workshop Act, 1901.

Table 41.

Factories, Workshops and Workplaces.

1.—Inspection of Factories, Workshops, and Workplaces, including Inspections made by Sanitary Inspectors or Inspectors of Nuisances.

Premises (1)	Number of Inspections (2)	Written Notices (3)	Occupiers Prosecuted (4)
Factories (including Factory Laundries)	388	31	—
Workshops (including Workshop Laundries)	636	28	—
Workplaces (other than Outworkers' premises)	26	—	—
Totals	1050	59	—

2.—Defects found in Factories, Workshops and Workplaces.

Particulars. (1)	Number of Defects. Found. (2)	Remedied. (3)	Referred to H.M. Inspector. (4)	Number of offences in respect to which Prosecutions were instituted. (5)
Nuisances under the Public Health Acts—*				
Want of cleanliness	36	30	—	—
Other nuisances.....	12	13	—	—
Sanitary accommodation— insufficient	—	—	—	—
unsuitable or defective	10	7	—	—
not separate for sexes	1	1	—	—
Offences under the Factory and Workshop Acts	—	—	—	—
Totals	59	51	—	—

* Including those specified in sections 2, 3, 7 and 8 of the Factory and Workshop Act, 1901, as remediable under the Public Health Acts.

3.—Outwork in unwholesome premises, Section 108—Nil.

PREMISES AND OCCUPATIONS WHICH CAN BE CONTROLLED BY BYELAWS OR REGULATIONS.—Offensive Trades.—There are 5 offensive trades in the borough, consisting of 4 tripe boilers and 1 gutscraper.

During the year, 191 visits were paid to premises of this nature.

Tents, Vans, Sheds, etc.—There were, at the end of the year, known to be 49 of these structures used as permanent habitations. Many of these structures are without adequate closet accommodation, house refuse accommodation, water supply or drainage.

It is hoped that with the increased powers obtained under the St. Helens Corporation Act, 1933, considerable improvement in present conditions will be obtained and that the number of these structures will be considerably reduced in the future.

Regular inspections of these premises have been made by the staff during the year and 261 visits were paid.

Houses-Let-in-Lodgings.—Only 12 premises are at present registered as houses-let-in-lodgings, but there are others which are known to be used for the purpose but which cannot be dealt with under the existing byelaws owing to their rateable values and rents being above the prescribed limit.

Revised byelaws have, however, now been submitted to the Ministry of Health for confirmation, and it is hoped these will become operative at an early date. They will bring a considerably larger number of premises within the scope of the byelaws and in addition will give greater powers for securing a higher standard of sanitary

accommodation and amenities. These additional powers will require, inter alia, the provision of :—

(1) Adequate and reasonably accessible watercloset accommodation.

(2) Adequate water supply and washing accommodation.

(3) Proper means of lighting and ventilation of habitable rooms.

(4) Accommodation for the storage, preparation, and cooking of food.

(5) Adequate lighting of common staircase.

(6) Means for the prevention of and safety from fire.

(7) Handrails to staircases.

(8) Separate approaches to rooms without passing through other rooms.

(9) Sufficient sleeping accommodation to allow of separation of the sexes.

238 visits were paid to registered premises during 1933.

Common Lodging Houses.—At the end of 1933, twelve applications were received for the registration of premises as common lodging houses as compared with seven during 1932. This increase is due to the further powers for the control of these premises obtained by Section 121 of the St. Helens Corporation Act, 1933. Prior to the passing of this Act five of these premises escaped registration by reason of the period of letting being for longer than one day.

Advantage has also been taken of the increased powers this section gives for improving the general sanitation and amenities of these premises. In each case registration was granted for six months only in order that alterations and improvements might be carried out within this period.

The principal alterations and improvements asked for are as follows :—

(1) Sufficient means of escape in case of fire and sufficient first-aid fire appliances.

(2) Adequate day-room accommodation.

(3) Suitable ablution rooms provided with body baths, fixed lavatory basins and a sufficient supply of hot water.

(4) Adequate means for the drying and airing of clothes.

(5) Lockers for clothes or alternatively clothes rails and hooks in sleeping rooms.

(6) Proper means for storage of food.

(7) Sufficient cooking and eating utensils.

(8) Suitable means of artificial lighting to bedrooms, staircases and passages.

(9) Adequate bedding and bedroom utensils.

(10) Flushing cisterns to outside urinals.

(11) Fixed handrails to staircases.

All registered premises were regularly inspected during the year, 421 visits being paid for the purpose.

Revised byelaws for controlling common lodging-houses have also been submitted to the Ministry of Health for confirmation.

Pig-keeping.—The Byelaws obtained in December, 1930, for the control of pig-keeping appear to be very effective. There were 52 persons in the borough known to be engaged in the keeping of pigs at the end of the year and on the whole no nuisances are being caused.

OTHER SANITARY CONDITIONS.—Rats and Mice Destruction Act, 1919.—The duties of Rat Officer under the Rats and Mice Destruction Act, 1919, are now carried out by the Chief Sanitary Inspector.

46 complaints of infestation of premises by rats were received during the year. Upon investigation of these complaints it was found that in most instances the cause of infestation was either defective drains or sewers in the immediate neighbourhood of the premises concerned. When these defects were made good no further complaints were received.

Places of Public Entertainment.—153 visits were paid to Places of Public Entertainment during 1933. The condition of these premises throughout the year was found to be generally satisfactory.

Canal Boats.—No canal boat was inspected during the year, and it would appear that for the time being the canal has fallen into disuse.

Mortuary.—A public mortuary with post-mortem room is maintained behind the Town Hall and is under the supervision of the Medical Officer of Health. During the year 43 bodies were received into the mortuary and 20 post-mortem examinations were conducted.

Arrangements for the Disposal of the Dead.—The cemetery provided and maintained by the Local Authority now extends to approximately 56 acres of which approximately 32 acres are still available for burial purposes.

In addition, private cemeteries are still in use in connection with the following churches :—St. Peter's, Parr ; St. Nicholas's, Sutton ; St. Thomas's, Windsor Road ; St. Anne's, Sutton ; and Windleshaw Abbey.

The Rag Flock Acts, 1911 & 1918.—No sample of Rag Flock was taken during the year.

Sanitary Condition of Schools.—During 1933 there were 40 public elementary schools with 83 departments in the Borough.

Conditions in council schools are on the whole good, all these being of fairly recent construction. In some of the older schools, however, pail closets are still in existence, whilst in others trough closets with automatic flushing cisterns are still being used.

I would urge that wherever possible the remainder of the unsatisfactory types of closets should be replaced.

XV.—HOUSING.

STATISTICS.—Of the 343 houses erected during 1933, 92 were erected by the Local Authority and 251 by private or commercial enterprise.

Table 42 shows the number of dwelling houses erected in each ward since 1904.

Table 42.

The wards of the borough in which dwelling houses have been erected during the years mentioned.

Year	North Eccleston	South Eccleston	Central	North Windle	South Windle	Hardshaw	East Sutton	West Sutton	Parr	Total
1904	105	53	7	37	18	47	59	1	70	397
1905	19	93	1	44	16	90	42	10	54	369
1906	11	51	—	31	13	31	73	24	39	273
1907	22	38	—	26	—	22	77	3	29	217
1908	2	52	—	4	2	27	22	—	20	129
1909	—	36	—	10	—	10	6	3	10	75
1910	2	31	—	10	—	24	18	—	25	110
1911	14	20	—	—	—	30	75	26	12	177
1912	35	28	—	4	—	26	28	58	1	180
1913	10	31	—	—	3	19	14	99	6	182
1914	10	42	—	9	16	14	20	63	29	203
1915	6	9	—	26	1	2	8	25	27	104
1916	—	12	—	1	1	2	4	16	16	52
1917	—	—	—	—	—	—	—	9	—	9
1918	—	—	—	—	—	—	—	3	—	3
1919	—	1	3	—	—	—	—	—	—	4
1920	—	—	—	—	—	—	—	—	—	—
1921	—	1	—	41	—	—	—	6	—	48
1922	—	1	—	164	—	—	—	—	—	165
1923	1	5	2	2	—	2	—	33	—	45
1924	2	24	—	25	—	—	2	45	5	103
1925	8	76	—	90	—	1	9	48	15	247
1926	19	172	—	106	16	4	19	63	51	450
1927	33	189	—	125	3	68	160	14	56	648
1928	12	116	3	237	5	2	97	13	335	820
1929	4	219	—	35	—	21	26	5	185	495
1930	24	148	1	39	—	53	41	3	54	363
1931	79	61	—	52	1	15	45	29	17	299
1932	449	77	1	10	—	27	69	37	3	673
1933	115	56	2	20	—	34	69	1	46	343

A statement as to the number of houses erected with and without State assistance, together with a summary of the work of the department in regard to housing, is given in Table 43.

Table 43.

Housing.

Number of new houses erected during the year :—

(a) Total (including numbers given separately under (b))	343
(b) With State assistance under the Housing Acts :	
(i) By the Local Authority	92
(ii) By private or commercial enterprise	—
(c) Without State Assistance under the Housing Acts :	
(i) By the Local Authority	—
(ii) By private or commercial enterprise	251

1.—Inspection of Dwelling-houses during the Year :—

(1) (a) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	3034
(b) Number of inspections made for the purpose	17568
(2) (a) Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925	493
(b) Number of inspections made for the purpose	3204
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	39
(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	2973

2.—Remedy of Defects during the year without service of formal notices :—

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers 2353

3.—Action under Statutory Powers during the year :—

A.—Proceedings under Sections 17, 18 and 23 of the Housing Act, 1930 :—

(1) Number of dwelling-houses in respect of which notices were served requiring repairs ..... nil.

(2) Number of dwelling-houses which were rendered fit after service of formal notices :—

(a) By owners ..... nil.

(b) By Local Authority in default of owners ..... nil

B.—Proceedings under Public Health Acts :—

(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied 504

(2) Number of dwelling-houses in which defects were remedied after service of formal notices :—

(a) By owners 470

(b) By Local Authority in default of owners ..... nil.

C.—Proceedings under Sections 19 and 21 of the Housing Act, 1930 :—

(1) Number of dwelling-houses in respect of which Demolition Orders were made 36

(2) Number of dwelling-houses demolished in pursuance of Demolition Orders ..... nil.

D.—Proceedings under Section 20 of the Housing Act, 1930 :—

(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made ..... nil.

(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit ..... nil.

SLUM CLEARANCE.—Following the passing of the Housing Act, 1930, a survey of all insanitary property in the borough was undertaken and, as a result of such survey, it was suggested that during the five years 1931—1935 unsatisfactory housing conditions in St. Helens might be dealt with by declaring certain areas to be improvement areas and by dealing with the remainder of the insanitary property as individual unfit houses. These proposals were approved by the Council and submitted to the Ministry in December, 1930.

In April, 1933, the Ministry of Health issued a further circular dealing with housing conditions and asked Local Authorities to revise their programmes so as to allow for the speeding-up of " the clearance

of slums and the improvement of bad housing conditions". The circular stated that the revised programme should so far as practicable be drawn on the basis of clearing all areas that required clearance not later than 1938.

In consequence of this a further survey of insanitary property in the borough was undertaken and as a result of previous experience in the administration of the Housing Act, it was considered advisable to revise the original proposals submitted to the Minister.

In the report presented to the Health Committee on October 2nd, 1933, it is suggested that insanitary property in the borough should be dealt with partly by means of small clearance schemes and partly as individual unfit houses under Section 19 of the Act. The effect of these proposals is that 202 houses would be dealt with by means of 32 small clearance schemes and 53 individual unfit houses under Section 19. In addition it is anticipated that the 106 back-to-back houses in the borough would be made into through houses.

The special report to the Health Committee regarding these proposals is printed as an Appendix.

Clearance Areas.—On January 4th, 1933, the Council passed resolutions declaring the Short Street Area and the Bath Street Area to be Clearance Areas. Clearance Orders were made by the Council in respect of these Areas on April 3rd, 1933, and June 7th, 1933, respectively.

A Clearance Order was also made by the Council in respect of the Tontine Street and Market Street Area on June 7th, 1933. An official representation regarding this Area was submitted to the Council in October of the previous year.

Consequent on the making of these Clearance Orders a local inquiry was held by the Minister of Health on August 28th, 1933, and on November 3rd, 1933, the Orders were confirmed without modification.

Full particulars regarding these areas were given in my Report for 1932.

Individual Unfit Houses.—The following individual unfit houses were dealt with during the year under Section 19 of the Act :

3 Mill Place	January 11th, 1933.
5 Mill Place	do.
7 Mill Place	do.
9 Mill Place	do.
9 Copperas Street	do.
11 Copperas Street	do.
No. 4, Court No. 2, Bold Street	do.
Disused house adjoining No. 4, Court No. 2, Bold Street	do.
No. 3, Court No. 3, Liverpool Street	do.
No. 5, Court No. 3, Liverpool Street	do.
No. 27 Back Bold Street	do.
3 Mill Street	July 28th, 1933.
5 Mill Street	do.
7 Mill Street	do.
9 Mill Street	do.
11 Mill Street	do.
13 Mill Street	do.
187 Boundary Road	do.
189 Boundary Road	do.
191 Boundary Road	do.
193 Boundary Road	do.
197 Boundary Road	do.

228 College Street	July 28th, 1933.
230 College Street	do.
232 College Street	do.
234 College Street	do.
236 College Street	do.
1 Kurtz Crossing, Warrington Old Road	do.
2 Kurtz Crossing, Warrington Old Road	do.
3 Kurtz Crossing, Warrington Old Road	do.
1 Back Traverse Street	do.
2 Back Traverse Street	do.
206 Fleet Lane	do.
208 Fleet Lane	do.
Dwelling-house known as Farm Cottage, Moss House Farm, Fleet Lane, St. Helens	do.
122 Back Liverpool Road	do.
81 Back Chancery Lane	do.
Dwelling-house situate behind the Bowling Green Hotel, Watery Lane, St. Helens, and known as 6 Moss Nook, St. Helens	do.
Dwelling-house situate behind 149—183 Chancery Lane, St. Helens, and known as No. 2, Rushy Park Cottage, Chancery Lane, St. Helens	do.

Undertakings were accepted by the Council to repair the houses Nod. 9 and 11 Copperas Street and to discontinue the use of the houses Nod. 81 Back Chancery Lane and No. 2 Rushy Park Cottage, Chancery Lane, for human habitation. Demolition Orders were made in respect of the remaining houses.

RECONDITIONING.—Despite frequent changes of staff, satisfactory progress is being maintained in the repair and reconditioning of unfit houses. Much of the worst property in the borough

capable of repair has now been dealt with. This has been brought about mainly by negotiations by the sanitary inspectors with the owners of the property concerned. In no instance has it been necessary to institute legal proceedings or carry out repairs in default.

VERMINOUS HOUSES.—In July an investigation of the extent of infestation by bugs and cockroaches on one of the Council's housing estates was made, and it was found that 90 out of the 246 houses on the estate showed evidence of infestation by both bugs and cockroaches, 5 were infested by bugs only, and 114 infested by cockroaches only. These houses were only erected in 1928.

Following this investigation a special report was made to the Housing Committee dealing more particularly with precautionary measures to prevent future infestation of houses erected for re-housing persons displaced from slums under the Housing Act, 1930. This question is one which is receiving the attention of many Local Authorities at the present time. The methods suggested were the fumigation of all furniture and household effects and the steam disinfestation of all bedding. It was further suggested that in addition bathing of the occupants of each house at a cleansing station and disinfesting of personal clothing by steam would prevent the possibility of the tenants acting as carriers.

From enquiries made, the most effective method of fumigation appears to be by hydrocyanic acid gas and this method is now being adopted by a considerable number of Local Authorities throughout the country. The process consists briefly of loading the furniture and household goods from each house into a special container—an ordinary furniture van rendered gas-tight is generally used—and after the required amount of gas has been introduced sealing the van for 6 hours. At the end of this period the van is opened and the gas allowed to escape, special precautions being taken to drive off any gas which might be retained in carpets, upholstery or other fabrics.

In St. Helens, however, no systematised scheme of disinfestation of either the houses already infested or the furniture and household effects of persons removed from slums has been adopted. The only precautions taken are that in some cases of re-housing the bedding has been disinfested by steam and the tenants have been advised regarding cleanliness before and after removal. It is extremely unlikely that these measures will be effective and I would again suggest that if infestation of the new houses is to be prevented a systematic method of complete fumigation of furniture and household goods, combined with steam disinfestation of bedding, should be adopted in all cases. Practically all the houses being dealt with in slum clearance schemes are infested with vermin, and when the present tenants are moved into a new house they are bound to carry vermin with them in the furniture, bedding, clothing, &c. It is frequently not the fault of the present tenant that the bugs are there. They would be only too glad to be free from them. Unless, however, everything taken to the new house is properly disinfested infestation of that house will occur.

XVI.—HEALTH EDUCATION.

As mentioned in my last Report a Health Week, with which was incorporated a Health and Hygiene Exhibition, was held in St. Helens in 1932, and, it was felt, therefore, in view of the call for restriction in expenditure, that no such special effort should be made during 1933 but that the usual daily measures for health education should be continued.

During the year The British Social Hygiene Council arranged for the exhibition of a special film on social health subjects at one of the local cinemas for a period of one week. This film aroused much interest and its display was successful health propaganda. Booklets were also obtained by the department, free of cost, from this voluntary association and distributed among various bodies in the borough.

Through the courtesy of the National Milk Publicity Council, a series of lectures on dietetics, including principally the subject of milk and its uses, was given by one of the Council's staff to mothers and expectant mothers attending the maternity and child welfare and ante-natal centres. These lectures were of great educational value and were very much appreciated.

Another popular form of health education was the distribution of the leaflets, booklets, and posters issued free of charge by the Health and Cleanliness Council. This literature is very attractively presented and there is a keen demand for supplies from the schools and health centres in which it was distributed.

Towards the end of the year, the Corporation were offered and decided to take over without charge the four poster frames which had previously been used by the Empire Marketing Board. Arrangements were then made with the Central Council for Health Education for the display on these frames of posters dealing with health subjects, the production of which would be organised by that body. Many of these posters are designed by the national associations actively associated in health propaganda, and they provide a very popular means of educating the public in matters of public health interest.

APPENDIX.

HOUSING ACT, 1930.

Report by the Medical Officer of Health on "the clearance of slums and the improvement of bad housing conditions."

(Ministry of Health Circular, 1331).

Submitted to the Health Committee on the 2nd October, 1933.

The Committee will remember that following the passing of the Housing Act, 1930, I made a special report dealing with housing conditions in the area and the provision of new housing accommodation. That report dealt with two aspects of the housing question, namely, (a) the provision under the Housing Act, 1924, of houses to meet the ordinary housing requirements of the borough and (b) dealing with insanitary property under the Housing Act, 1930, and the re-housing of persons displaced as a result of any action taken under that Act.

In that report it was estimated that during the period 1931—1935, 800 houses would be provided by the local authority under the Act of 1924, 500 by private enterprise, and 399 by the local authority under the Housing Act, 1930. It was further estimated that 1,500 houses would be repaired under Part II of the Housing Act, 1930.

Since then the actual work carried out up to the 30th June, 1933, has been 514 houses built by the local authority under the Housing Act, 1924, 618 houses by private enterprise and 1,140

houses repaired under Part II of the Housing Act, 1930. No houses have yet been built for re-housing under the Housing Act, 1930, but a scheme for the provision of 32 houses has now been approved and the houses are in course of erection. In addition proposals for the erection of a further 16 houses are now being considered by the Ministry.

With the passing of the Housing (Financial Provisions) Act, 1933, withdrawing the subsidy, building by the local authority to meet the ordinary housing needs of the area as distinct from re-housing has, for the moment, come to a stand-still.

I do not propose, therefore, to deal with that side of the question but to deal entirely with the question of slum clearance and the improvement of bad housing conditions.

Procedure under the Housing Act, 1930.—As explained on previous occasions this Act considerably modifies former methods for dealing with insanitary property. The three methods by which such property can now be dealt with under this Act are :—

(a) *Clearance Schemes.*—By this method the Council, on being satisfied that all the buildings in an area are unfit for human habitation on account of disrepair or sanitary defects or are dangerous or injurious to the health of the inhabitants of the area by reason of their bad arrangement or the narrowness or the bad arrangement of the streets and that the only method of dealing with the area is by the demolition of all the buildings in it, may declare such area to be a Clearance Area. Having done so they proceed either to make a Clearance Order or a Compulsory Purchase Order (either of which is subject to confirmation by the Ministry) or they may arrange to purchase by agreement. In either case, however, demolition of all the buildings in the area must be carried out and the re-development

of the area is subject to certain restrictions. An essential part of any action taken by a local authority in respect of Clearance Areas must be the provision of new houses for the accommodation of persons displaced.

(b) *Improvement Schemes.*—Where in an area the houses are not so far gone and the general conditions are not so bad as to justify wholesale clearance the Council may declare the area to be an Improvement Area. For such an area, however, it is necessary to show that not only are the houses themselves dangerous or injurious to health by reason of disrepair or sanitary defects *but also* that their overcrowding or their bad arrangement or the bad arrangement or narrowness of the streets is also dangerous or injurious to health. The methods by which improvement is carried out are :—

(i) the demolition or repair of houses unfit for human habitation.

(ii) the purchase by the authority of any buildings required to be demolished for opening out the area, and

(iii) abatement of overcrowding.

As in a Clearance Area an essential part of the programme is the re-housing of persons displaced. Further, in Improvement Areas byelaws must be made for the subsequent maintenance of a proper standard of housing conditions in the Area.

(c) *Individual Unfit Houses.*—These are divided into two categories :—

(i) those which can be repaired at a reasonable cost, and

(ii) those which cannot be repaired at a reasonable cost.

In the former case notices are served in the ordinary way on the owner to carry out the necessary repairs. In the latter case the house is to be demolished unless the local authority accept an undertaking from the owner either that the house shall cease to be used for human habitation or that he will, within a specified time, carry out such works as will in the authority's opinion render it fit. Local Authorities are not compelled to re-house persons displaced from individual unfit houses though it is desirable that they should do so and, if they do, they are entitled to the Ministry's grant per person displaced.

Previous Proposals.—In my previous report I suggested that during the five years 1931—1935 insanitary housing conditions in St. Helens might be dealt with by declaring certain areas Improvement Areas and dealing with the remainder of the insanitary property as Individual Unfit Houses. The Improvement Areas suggested were :—

(1) Greenbank Area.

(2) Liverpool Road, Mill Place, and Canal Street Area.

(3) Russell Street Area.

(4) Waterloo Street and Cross Street Area.

(5) Milk Street, New Cross Street, and Brook Street Area.

(6) College Street and Crab Street Area.

(7) Carter Street, Clarence Street, and Arnold Street Area.

(8) Sherdley Road and Marshalls Cross Road Area.

These schemes meant the demolition of 61 houses, the conversion of 16 back-to-back houses into through houses and the re-housing of 327 persons living under overcrowded conditions. They also included the repair of all other houses—approximately 150—in the areas.

In that report I also suggested that outside these areas there were 135 individual unfit houses which would be demolished and 120 back-to-back houses to be converted into 60 through houses.

Since making these proposals, however, opinions have considerably changed, mainly on account of the further experience of the working of the Act, and the Council have found it more expedient to proceed by means of small Clearance Areas and dealing with Individual Unfit Houses. Up to the present 3 Clearance Orders have been made, namely, the Bath Street Clearance Order ; the Short Street Clearance Order ; and the Tontine Street and Market Street Clearance Order. These Orders involve the demolition of 39 houses, 14 of which are occupied and the displacement of 62 persons. 43 Individual Unfit Houses have also been dealt with and in respect of these 36 Demolition Orders have been made and in the remaining 7 instances the Council have accepted or are likely to accept undertakings either that the houses will be satisfactorily repaired or will cease to be used for human habitation. These Demolition Orders and undertakings accepted or likely to be accepted mean the displacement of 184 persons. To date, therefore, 246 persons will be displaced either from the Clearance Areas dealt with or from Individual Unfit Houses and the Council's proposals for rehousing are the erection of 32 houses on the Jackson Street Site capable of accommodating 166 persons, and 16 houses on the Rivington Road Site capable of accommodating 76 persons.

Proposals for Future Action.—In April of the present year the Ministry of Health issued a further circular dealing with housing conditions and asked local authorities to prepare and adopt a programme for the speeding-up of " the clearance of slums and the improvement of bad housing conditions ". This " programme should so far as practicable be drawn on the basis of clearing all areas that require clearing not later than 1938 ", and from the forms which have to be completed it is obvious that it is not only to deal with areas

but also with individual unfit houses. In view of the experience of the last two years it has been thought advisable to make a complete new survey of the town. This has now been completed and I would suggest that the programme of 1930 be cancelled and that conditions in future be dealt with by means of small clearance schemes and by dealing with individual unfit houses under Section 19 of the Act. It should be understood, however, that the present programme is a programme of proposals only, and though it is hoped it will remain as the Council's intentions for dealing with insanitary housing conditions during the next five years, each proposal will have to be considered in detail before being put into effect and slight modifications will, therefore, probably be made from time to time.

Clearance Schemes.—There are 32 areas in the town in which I think conditions can best be dealt with by means of Clearance Schemes, i.e., by the demolition of all the buildings in the Area. These areas vary very much in size ranging from 2 to 34 houses.

The areas recommended as Clearance Areas together with the number of houses, number of occupants, and proposals for rehousing and the probable years during which they will be dealt with are given in Schedule " A." The time-table has so far as possible been arranged on the basis of dealing with an equal number of houses each year.

These schemes mean the demolition of 202 houses and should the population of each area at the time the area is dealt with be the same as at present, the displacement of 948 persons for whom 193 houses should be provided.

Individual Unfit Houses.—Apart from individual unfit houses which it is considered could be repaired at a reasonable cost and which will be dealt with under Section 17 of the Act, there are 53 individual unfit houses which cannot be repaired at a reasonable cost and which

should be demolished under Section 19 of the Act though it must be remembered that the Council must consider any proposals for repair or the future use of the house put forward by the owner. Should demolition orders be made in all cases this would involve the displacement of 249 persons for whom it is estimated that 50 houses will be required. For these houses the Council would be entitled to the Ministry's grant for re-housing.

There are also 6 premises in which part of the building is let as a separate tenement and where such tenement is deemed to be unfit for human habitation. In these cases Closing Orders under Section 20 of the Act should be made prohibiting the use of the tenement for human habitation, and such Closing Orders would remain effective until it has been rendered fit. Should this procedure be adopted this would involve the displacement of 24 persons for the re-housing of whom the Ministry's grant would be available.

In addition to the above there are also 106 back-to-back houses to be dealt with, and it is considered that the best means of dealing with these will be under Section 19 of the Act. Should, as will probably occur, the owner put forward proposals to convert these back-to-back houses into through houses, it is considered that in the majority of cases such proposals would be acceptable. This would mean that from each pair of back-to-back houses one family would be displaced, and though as in the case of other houses dealt with as individual unfit houses there is no obligation on the Council to re-house these persons, I would recommend that such provision be made. I would point out, however, that unless the suggestion of Lord Moyne's Committee is put into effect no grant will be paid by the Ministry for such provision.

The total number of individual unfit houses or parts of houses to be dealt with together with the suggested time-table for dealing with them are shown in Schedule " B."

Summary.—The following statement gives a general summary of the effect of the proposals.

	No. of houses to be demolished or closed.	Persons to be displaced.	New houses to be provided.				Providing accommodation for
			2 bed.	3 bed.	4 bed.	Total.	
Clearance Areas	202	948	56	110	27	193	963
Individual Unfit Houses (other than back-to-back) to be dealt with under Sec. 19 of the Act	53	249	12	32	6	50	250
Parts of premises to be closed under Sec. 20 of the Act	6	24	1	3	1	5	26
Total	261	1221	69	145	34	248	1239
	No. of houses						
Back-to-back houses to be converted into through houses	106	201	10	28	3	* 41	201
	Total	1422	79	173	37	289	1440

* These houses are not eligible for Ministry's grant.

The years during which it is proposed re-housing should take place are as follows :—

	Houses to be provided						
	1933	1934	1935	1936	1937	1938	Total
Houses to be provided for displacements in :—							
Clearance Areas	—	38	46	50	24	35	193
Individual Houses	—	9	5	—	22	14	50
Parts of houses	—	—	—	5	—	—	5
Back-to-back houses	—	8	8	8	8	9	41
Totals	—	55	59	63	54	58	289

Schedule "A".

Proposed Clearance Areas.

Clearance Area	No. of houses	No. of families	No. of occupants	Houses to be provided				Year of displacement and re-housing
				2-bed.	3-bed.	4-bed.	Total	
College Street : 57, 59, 61, 63, 65, 67, 69, 71, 71a, 73, 75, 77, 79, 81, College Street. 61 back College Street. No. 2, Court No. 1, Crab Street. 5, 7, 9, 11, 13, 15, Crab Street. 15-16 back Crab Street. No. 1, Court No. 2 Crab Street. 3, 6, 7, 8, 9, 10, 11, Court No. 2, Crab Street. 1 and 2, Court No. 3, Crab Street. Workshop adjoining No. 6 Crab Street. No. 1, Court No. 1, Crab Street (wash-house)	34	43	160	9	22	2	33	1934
College Street (*Court No.* 1) : 2, 3, 4, Court No. 1, College Street	3	3	4	2	—	—	2	1934
Crab Street : 6, 8, 10, Crab Street	3	3	14	1	2	—	3	1934
Eltonhead Road : 668, 670, 672, 674, Eltonhead Road 1, 3, 5, 7, Swaine Street	8	9	46	3	4	2	9	1935
Sherdley Road : 1, 3, 5, Sherdley Road	3	4	17	—	2	1	3	1935
Marshalls Cross Road : 1, 3, 5, 7, 9, 11, back Marshalls Cross Road	6	7	35	2	4	1	7	1935
Normans Road : 16, 18, 20, Normans Road	3	3	14	1	2	—	3	1935
Russell Street : 45, 47, 49, 51, Russell Street. No. 2, Court No. 3, Russell Street	5	5	16	2	2	—	4	1935
Russell Street (*Court No.* 1) : 7, 8, 9, 10, 11, Court No. 1, Russell Street	5	6	17	2	2	—	4	1935

Clearance Area.	No. of houses	No. of families.	No. of occupants	Houses to be provided.				Year of displacement and re-housing
				2-bed.	3-bed.	4-bed.	Total	
Russell Street (*Court No. 2*) :								
3 and 4, Court No. 2, Russell Street	2	2	6	2	—	—	2	1935
Peter Street :								
1, 3, 5, Peter Street	3	4	10	—	2	—	2	1935
Clarence Street :								
1, 3, 5, 7, 9, Clarence Street. 31, 33, Carter Street. 2, 4, 6, 8, Arnold Street	11	14	64	2	7	3	12	1935
Ormskirk Street :								
48, 50, Ormskirk Street. 1, 3, William Street	4	4	13	2	1	—	3	1936
Milk Street (*No. 1*) :								
11 and 13 Milk Street. 32 and 34 Milk Street. 8 New Cross Street	5	5	20	—	4	—	4	1936
Milk Street (*No. 2*) :								
8, 10, 12, 14, 16, 18, 20, 22, 24, 26, Milk Street and stables in rear of same	10	10	47	2	5	2	9	1936
Duke Street :								
132, 134, 138, 140, 142, 144, Duke Street. No. 1, Court No. 5, Duke Street. No. 2, Court No. 5, Duke Street	7	7	31	1	4	1	6	1936
Duke Street (*Court No. 3*) :								
2, 3, 4, 5, 6, 7, 8, 9, 10, Court No. 3, Duke Street	9	9	24	1	4	—	5	1936
Dentons Green Lane :								
32, 34, 36, Dentons Green Lane	3	3	8	1	1	—	2	1936
Waterloo Street :								
17, 19, 21, 23, 25, 27, 29, Waterloo Street. 3, 5, 7, 9, 11, 13, Cross Street. 1 and 2, Court No. 1, Waterloo Street	15	24	104	6	13	2	21	1936
Littlers Court :								
1, 3, 5, 7, 9, 11, 13, Littlers Court. 309 Derbyshire Hill Road	8	8	45	1	4	3	8	1937
Platts Street :								
1, 3, 5, Platts Street	3	3	19	—	1	2	3	1937
Fleet Lane (*No. 1*) :								
521, 523, 525, Fleet Lane	3	3	13	1	2	—	3	1937

Clearance Area.	No. of houses.	No. of families	No. of occupants	Houses to be provided.				Year of displacement and re-housing
				2-bed.	3-bed.	4-bed.	Total.	
Fleet Lane (No. 2) : 462, Fleet Lane. 1 and 2, back Fleet Lane	3	3	12	2	1	—	3	1937
Fleet Lane (No. 3) : 422, 424, 426, 428, Fleet Lane	4	4	17	—	2	1	3	1937
Berrys Lane : 2, 4, 6, off Berry's Lane	3	3	9	1	1	—	2	1937
Tickle Street : 15, 17, 19, Tickle Street	3	3	8	2	—	—	2	1937
Blackbrook Road : 63, 65, 67, 69, 71, Blackbrook Road. 2 back Blackbrook Road	6	6	34	—	4	2	6	1938
Higher Parr Street : 78 and 80, and 82 Higher Parr Street and other buildings (86 and 88 Higher Parr Street) and building adjoining and behind 78 and 80 Higher Parr Street	2	2	13	1	2	—	3	1938
Merton Bank Road : 160, 162, 164, 166, 168, 170, 172, 174, 176, 178, Merton Bank Road	10	10	51	2	3	4	9	1938
Parr Street : 106, 108, 110, Parr Street	3	3	8	2	—	—	2	1938
Pocket Nook Street : 61, 63, 63a, Pocket Nook, Street 2, 4, Wood Street	5	5	21	2	3	—	5	1938
Canal Bank East : 1, 3, 5, 7, 9, 11, 13, 15, 17, 19, Canal Bank East	10	11	48	3	6	1	10	1938
Totals	202	229	948	56	110	27	193	

Schedule "B".

Individual Unfit Houses or parts of houses to be dealt with.

	1933	1934	1935	1936	1937	1938	Total
Individual Houses.							
Number to be demolished under Sec. 19	—	10	5	—	23	15	53
Number to be closed under Sec. 20	—	—	—	6	—	—	6
Number of persons displaced	—	39	24	24	109	77	273
Number of new houses provided	—	9	5	5	22	14	55

	1933	1934	1935	1936	1937	1938	Total
Back-to-Back Houses. (Note—Grant will not be obtained for re-housing persons displaced).							
Number of houses to be dealt with	—	21	21	21	21	22	106
Number of persons to be displaced	—	40	40	40	40	41	201
Number of new houses to be provided	—	8	8	8	8	9	41

Re-housing.

Particulars of Rehousing Proposals.

Name, situation and area of site, whether already acquired and, if so, for what purpose.	Proposed Houses.			No. of persons for whom the houses would provide accommodation on basis of Sec. 37.	Estimated all-in cost per house					Probable date of completion.
	Type	No. of each type.	Superficial area of each type.		Land. £	Roads and Sewers. £	Building. £	Other costs (if any) £	Total £	
Rivington Road—Site 30 (44 houses). To be acquired on 1st November, 1933, for housing under Housing Act, 1930.	2 bed.	12	640 ft.	48	25	60	265	—	350	
	3 bed.	30	700 ft.	150	25	60	290	—	375	1934
Area—3.43 acres	4 bed.	2	756 ft.	14	25	60	315	—	400	
Gaskell Street—Site 31 (58 houses). Already acquired for Housing, Parks and Water purposes.	2 bed.	16	640 ft.	64	10/10/0	55	265	—	330/10/0	
	3 bed.	34	700 ft.	170	10/10/0	55	290	—	355/10/0	1935
Area—4.83 acres.	4 bed.	8	756 ft.	56	10/10/0	55	315	—	380/10/0	
On future sites to be acquired. (187 houses).	2 bed	51	640 ft.	204	25	55	265	—	345	
Probable area—15.6 acres.	3 bed.	109	700 ft.	545	25	55	290	—	370	At approx. 60 per annum during 1936, 1937, and 1938.
	4 bed.	27	756 ft.	189	25	55	315	—	395	
		289		1440						

Estimated cost of re-housing persons displaced by proposed Clearance Schemes or in dealing with Individual Unfit Houses—1934 to 1938.

		£
1.	Annual Loan Charge for 60 years on £105,259 for 289 houses	5,798·573053
2.	Insurance, Repairs, Supervision and Management at £5 per house per annum	1,445
	Total annual charge	7,243·573053
3.	Less Government contribution at £2/5/0 per annum per person displaced for 40 years on a 60 years basis for 1221 persons	2,447·822460
4.	Deficiency to be met by Corporation subsidy and rents charged to tenants	4,795·750593
5.	Corporation contributions at £3/15/0 per house per annum for 40 years on a 60 years basis	965·630246
6.	Remainder to be met by rents charged or further cost to the Corporation	3,830·120347

This amount could be liquidated by charging the following Net Weekly Rents :—

For the 79—2 bedroom houses—4/4d. each per week.
173—3 do. 5/3d. do.
37—4 do. 6/- do.

The Rateable Values would be respectively £10, £11, and £12, so that with a General Rate of 16/- in the £ and a Water Rent of 14.2% on the R.V. the following Inclusive Weekly Rents could be fixed :—

For the	79—2 bedroomed houses—	7/10d.	each per week.
	173—3 do.	9/1d.	do.
	37—4 do.	10/2d.	do.

and assuming that the tenants would be able to pay such rents then the Annual Cost to the Corporation for 60 years would be Item No. 5—£965/12/8.

Note.—In the above calculations it has been accepted that no Grant will be receivable in respect of those persons displaced from back-to-back houses.

———————